V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 1 IMITS 59 |
| County Allegany | CORPORATE LIMITS Registration Dist. No. |
| / Village of City Outliber Laria | No. Monde Lat 1105 ploat St. D War |
| Length of residence in city or town where death occurredyrs | If death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs. mos. d. |
| 2. FULL NAME Jacob G. Abbott | |
| (a) Residence: No. Piedmont, W. Va. (Usual place of abode) | St., Ward. Piedmont, W. Va. |
| | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLDR DR RACE 5. SINGLE, MARRIED, WIDDWED, | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH |
| Male White OR DIVORCEO (write the word) Married | August 28 1931 (Year) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Mary S. Abbott | 22. I HEREBY CERTIFY. That I attended deceased fro |
| 6. DATE OF BIRTH (month, day, and year) December 13-1871 | 1 last saw h 1 mg alive on 3 - 28 1931 death is sa |
| 7. AGE Years Months, Days If LESS than | to have occurred on the date stated above, at 12: 20 mPM. |
| 59 8 / 5 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Physician | arteriorderosis Date of onsi |
| 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Oate deceased last worked at this occupation (month and year) year) 11. Total tima (years) spant in this occupation | A A |
| 12. BIRTHPLACE (city or town) Virginia (State or country) | Other Confributory Causes of importance: (mi 10) |
| E 13. NAME William K. Abbott | Dia lel lo mel lita |
| 14. BIRTHPLACE (city or town) Virginia (State or country) | Name of operation Oate of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Elizabeth Abbott | 23. If death was dua to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Virginia (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND MARYLAND | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurrad In INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Philos comely | / Manner of injury |
| Place Western MM Date Gug 31 /1931 | Nature of injury |
| 19. UNDERTAKER W. J. J. Judloch (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. Filedry 28, 1931, Harvey H. Weistrar. | (Address) Cumbliand no |
| | , 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1.00 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | phritis - 1 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V.S. | July 5,1927 | Peritonitis | 3 days ago |
| | | * | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County alleganer WITHIN CORPORATE LIMIT | CERTIFICATE OF DEATH Registration Dist, No. |
| Village or City Combilers (No.348 Cent | St: 5 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word) | 18 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH May 16, 1931 (Month) (Day) (Yesr) | that I last saw her alive on august 5, 1921. |
| 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at |
| a OCCUPATION (a) Trade, profession or particular kind of work | |
| (b) General nature of industry business, or establishment in which employed or (employer) | Contributory Cardonia Secondary |
| 10 NAME OF FATHER Seong about. 11 BIRTHPLACE OF FATHER (State or country) Way and | (Signed) M. D State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Man | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted. |
| (Informant) Margaret M. Berry (Address) Cumbe land Md. | if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL 3 ALTON, Md. ADDRESS ADDRESS |
| Filed 192 11 Tank Registrar Registrar If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the bisBASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| | PLACE OF DEATH | 09002 STATE OF MARYLAND |
|---|--|--|
| X | County Alley any | CERTIFICATE OF DEATH |
| | Village or City Attle Orleans (No | Registration Dist. No |
| | 2FULL NAME Jane anstel 1 | Barnes tion, give Its NAME is stead of street an number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3 SEX 7 4 COLORIOR RACE 5 SINGLE, MARRIED, Tolowed OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| | 6 DATE OF BIRTH Oct // , 185/ (Month) (Day) (Year) | that I last saw here alive on James 10, 193/ |
| | 7 AGE 79 yrs. // mos. 29 ds. or min.? | The CAUSE OF DEATH * was no follows: |
| | (a) Trade, profession or particular kind of work (b) General nature of industry | Maile Useen Surg! analyses |
| 1 | business, or establishment in which employed or (employer) and Lone | (Duration) yrs. 7 mos. d |
| | 9 BIRTHPLACE (State or country) enweylvania | Contributory Secondary (Durstion)d |
| | 10 NAME OF Absalum Bishop | (Signed) (Address) Have M. 1 |
| | II BIRTHPLACE OF FATHER (State or country) 12 Majuen Name | *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | of MOTHER Sally anne Darnhay | 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunients or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER (State or Country) ennsylvania | At place of deathyrsmosds. In the Stateyrsmosd Where was disesse contracted, |
| | (Informant) Amusia Mee | Former or usual residence |
| | (Address) Little Orleans, My | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIALS |
| | Filed Sug 1 198/1 John Registras | Che mith Ingle smit |
| | If more banks are needed, addre.s itnte Negistra | ar, 15 W. Saratoga St., Balto., Lequesting V. S. No. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quoscupation is very important, so that the relative healthwhatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Salcsman, (b) Grocery;

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V. S. No. 1

| , STATE OF MARYLAND- | -CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | 93-e |
| County allegany | Registration Dist. No. |
| Village or City Combel and WITHIN | CORPORATE LIMITS (93-6) Registration Dist. No. 4 Registration Dist. No. 5t.6-22 Ward |
| Length of residence in city or town where death occurredyrs,mo | if death occurred in a not plias or institution, give its IVAIVIC instead or street and number) |
| 2. FULL NAME Dinginia R. Barrett | |
| (a) Residence: No. 105 9 2 3 4 9 and | St. 6-2 Ward |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (193/ |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| (or) WIFE of Robt & Barrett | 22 I HEREBY CERTIFY. That I attended deceased from |
| Town Towner | Jule 193/ to Mug - 0 ,193/ |
| 6. DATE OF BIRTH (month, day, and year) Office 21-1855 | / last saw h IN. alive on Cluq - 40/ 19.5/; death is sai |
| 7. AGE Years Months Days If LESS than 1 day,hrs | to have occurred on the date stated above, at. 3/Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 9 Yeards represent the second | were as follows: Date of onse |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc | Musicardial Clasulation 1970 |
| 9. Industry or business in which | Jurit Carlier Aucliere 6-19: |
| work was done, es SILK MILL, SAW MILL, BANK, etc. At Home | prosent general general |
| 11. Total time (years) this occupation (month and year) year) | |
| year) Occupation | Other Coutributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| | |
| | Name of operation |
| 14. BIRTHPLACE (city or town) (State or country) | What test confirmed diagnosis? Wes there an autopsy? |
| 15. MAIDEN NAME Inknown | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) 18 (State or country) | Accident, suicide, or homicide? Date of injury |
| (State or country) | Where did injury occur? |
| 17. INFORMANT My Henry Namaslan | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL | Manner of injury |
| Place Hiller t am Date aug 11, 1934 | Nature of injury |
| 19. UNDERTAKEN Their Stein Ene | 24. Wes disease or injury in any way related to occupation of deceased? |
| (Address) Combandand med | If so, specify |
| 20. FILEDUP, 10, 1981, Haven H. Weisa | (Signed) Att Classe M. |
| | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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| Example I. \\ | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 17 V. 3. | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE FO | R FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|----------|-----------|------------|----|-----------|
|------------|----------|-----------|------------|----|-----------|

| 1 | , | e | | |
|--------------------|--|---|---|--|
| X | INK-THIS IS A PERMANENT IN ORD. Every item of infor- | should be stated EXACTLY. PHYSICIANS should state | t it may be properly classified. Exact statement of OCCUPA- | |
| // | of | plu | CC | |
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| A. | STATE OF MARYLAND— | CERTIFICATE OF DEATH 09004 |
|------------------------------|--|--|
| sta UP. | 1. PLACE OF DEATH | 92-0 |
| ould | County affeques | CORPORATE LIMITS Registration Dist. No. |
| should f OCC | Village or City Couldreland | NoSt., Ward |
| 0 | (If Length of rasidenca In city or Swn where death occurredyrs,mos | f death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth? |
| PHYSICIANS ect statement | 1-0.1 (malle) (c | So a lea. |
| ICI | 2. FULL NAME FACE SOLETIES | 3 11-3 |
| Str | (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Ex. | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH 7 |
| T L ed. | 5a. If married, widowed, or divorced | (Month) (Day) (Vear) |
| X A C T I | HUSBAND OF Mary Becker | 22. I HEREBY CERTIFY. That I attended deceased from |
| | 6. DATE OF BIRTH (month, day, and Ser) Man 4 185 | I last saw fruit alive on (in), 7 / 193/ death is sald |
| d E | 7. AGE Years Months Days tf LESS than | to have occurred on the date stated above, at 213 dec. m. |
| stated E properly | 78 5 3 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| | 8. Trada, profession, or particular | Date of onset |
| be of | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Sudreadelis, chronic. |
| uld | 9. Industry or business in which work was done, as SILK MILL, Stone Mason SAW MILL, BANK, etc. | C. W. S. P.C. |
| P H Sh | 10. Data deceased last worked at 11. Total time (years) | Duration: sinkownon. |
| (A) 40 | this occupation (month end spant in this occupation caupation | · · · · · · · · · · · · · · · · · · · |
| AC th tion | 12. BIRTHPLACE (city or town) | Other Contributory Causes of importance: |
| d. | (State or country) Maryland | Quels Xulaleters Beal |
| rms nst | 13. NAME William Backer | O Heart |
| uppl tel | 13. NAME TVILLE (Steel or country) | Nama of operation Date of Date |
| y s aim | (Stata or country) | What test confirmed diagnosis? Was there an autopsy |
| full n pl | E 15. MAIDEN NAME Mary Dicke | 23. tf death was dua to externat causes (VIOL ENCE) fill In also the following: |
| | 15. MAIDEN NAME Mary Dicke To 16. BIRTHPLACE (city or town) Sample ville | Accident, suicide, or homicide? Date of injury 19 |
| е с АТЛ | (Stata or country) | Where did Injury occur? |
| should it may | 17, INFORMANT Clausett W. Beeker | (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| Shor OF | 18. BURIAL, CREMATION, OF REMOVAL | Manner of Injury |
| | Placa St Py Coury Date Wag 10, 1934 | Nature of Injury |
| mation s CAUSE TION is | TO HADDENTAKED & TOTAL STATE OF THE STATE OF | 24. Was disaase or injury In any way related to occupation of deceased? |
| EOH | 19. UNDERTAKER CAddress) Care of Wol | If so, specify |
| (A) | 20. FILEDING. 10, 1931, Harvey Helei | (Signed) Challe aury . Questo. M. D. |
| | Registrar. | (Address) Charles Manage full |
| | I more viants are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms' as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | | Example II | |
|--|--------------------------------------|---------------|--|---------------------------|
| The principal cause of importance were a Arteriosclerosis | of death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial neph | hritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BOREAU V. S. | July 5, 1927 | Perilonitis | 3 days ago |
| Other contributory ca | auses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD Every item of inforstated ENACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. -WRITE PLAINLY.

STATE OF MARYLAND—CERTIFICATE OF DEATH 09005

| 1 | . PLACE O | F DEATH | | | OPATE LIMITS (Registration Dist. No. | |
|----------|---|-------------------------------------|--|----------------------------------|---|-----------------|
| | County | ALLEGAN | 7 | THIN GORP | ORATE LIMIT Registration Dist. No. | |
| | Village or C | ityCUMBERLA | ND MD | MENTOLIA | I DUDELLAL | -/ Ward |
| | Length of resi | dence in city or town where | death occurred | | death occurred in a horpital or institution, give its NAME instead of street and n 3 ds. How long in U.S. If of foreign blrth? | |
| 2 | . FULL NA | ME LOUIS | BENDER | | 0, | |
| | | ce: No. GRAN | | MD abode) | St., Ward. Arantsulle | md. |
| | PERSON | AL AND STATIST | ICAL PARTIC | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| | ALE | 4. COLOR OR RACE WHITE | 5. SINGLE, MARE OR DIVORCED MARRIT | tied, WIDOWED, (write the word) | 21. DATE OF DEATH AUGUST, 25, 1931 (Month) (Day) | , 193 |
| 5a. | If married, widow HUSBAND of (or) WIFE of | | DEMINED | | 22, I HEREBY CERTIFY, That I attended | (Year) |
| | | NNIE YODER | | | august 7 7, 19 3 1, 10 august 76 | , 19 3. |
| | OATE OF BIRTH (| rs Months | | 1 | 0 | ; death is said |
| 0 | 29 | is wonths | Days | If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, at II; U3_mP. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| CUPATION | kind of w SAWYER, 9. Industry or I work was SAW MIL | | HILDRENS | VILLE, MD. | alute Eurepalele, complicating influenza custo. | Usto of onset |
| 8 | this occup | ed last worked at pation (month and | oc:u | ne (years) tin this pation | Other Coutributory Causes of Importance: | |
| 12. | BIRTHPLACE (cit (State or coun | ly of town) | BYĻVANIA | | | |
| ER | 13. NAME | C.W. BENDER | } | | | |
| FATHER | 14. BIRTHPLACE (State or | (city or town)PENI | | 1 | Name of operation Date of | |
| 2 | 15. MAIDEN NAI | | מהדים מינו מו | | What test confirmed diagnosis? | |
| MOTH | | (city or town) PENI | IBERGER NSYLVANLA | 1 | 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? | , 19 |
| 17. | INFORMANT M | EMORIAL HOS | SPITAL | | (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA | .) ICE. |
| 18. | BURIAL, CREMAT | ION, OR REMOVAL | P. Dotoling | 27,1931 | Manner of injury | |
| 19. | UNDERTAKER (Address) | Um Mines | inter | lug | 24. Was disease or injury in any way related to occupation of deceased? | |
| 20. | FILEDLY. | 25,1931. H | arveyt | Registrar. | (Signed) M. | M. D. |
| | 0 | If more | blanks are needed, as | OR" MATHEW | 3411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | | |
|--|--|---------------|--|---------------|--|
| The principal cause of importance were a | of death and related causes s follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | U SEP 5 1921 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nep | hritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | DURRAU V. S. | July 5,1927 | Peritonitis | 3 days ago | |
| | ^ | 13 | | | |
| Other contributory c | auses of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIAMS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. BINDING PERMAN MARGIN RESERVED FOR WITH UNFADING INK--THIS IS A

No

02

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| PLACE OF DEATH | 09006 STATE OF MARYLAND |
|--|--|
| County Allegany | CERTIFICATE OF DEATH |
| 71 | Registration Dist. No. |
| Village or City Thutstone (No. | St.: Ward) (If death occurred in a hospital or institution, give its NAME in |
| ²FULL NAME | Dennell stend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Long 20 , 192) (Year) |
| 6 DATE OF BIRTH (Wonth) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 7 AGE O yrs. O mos. ods. or min.? B OCCUPATION (a) Trade, profession or | |
| particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion)yrsmosds |
| 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER LONGE O. Bennell 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MOLDEN NAME OF MOTHER HARME V. Wigheld | (Signed) (Durstion) yrs mos ds (Signed) (Address) (Addr |
| 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | At place At place of deathyismosds. Where was disease contracted, |
| (Informant) Lenge O, Bennell (Address) Atlants File Oug 2 0, 198/1 | 19 PLACE OF BURIAL OR REMOVAL Parsurur ametery aug 20, 1931 20 UNDERTAKER Line of dealer. 20 UNDERTAKER |
| If more banks are needed, addre s Ltate Negistra | r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Collon mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Nanager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Dinhiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

st_ted unless important. Example: Measles (disease tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," "Shock, "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| | 1PLACE OF DEATH | STATE OF MARYLAND |
|---|---|---|
| Λ | County Megany 2008ATE | CERTIFICATE OF DEATH |
| | County Allegany WITHIN CORPORATE | Registration Dist. No. 4 |
| | Village or City Assalus and No. | Mary Ward) (If death occurred in a hospital or institu- |
| | 2FULL NAME Com Javing B. | tion, give its NAME is stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Jenual 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH Que 16 h, 198 (Year) (Year) |
| | 6 DATE OF BIRTH List, 1869 | 17 I HEREBY CERTIFY, That I attended the deceased from |
| | (Month) (Day) (Year) | that I last saw h M alive on G -1 b , 1984. |
| | 7 AGE If LESS than | and that death occurred on the date stated above, at 10 40 pm. |
| | 62 yrs. / mos. 25 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| - | a OCCUPATION (a) Trade, profession or particular kind of work Af Manuel | Dobar Trumonia |
| 1 | (b) General nature of industry business, or establishment in | |
| 1 | which employed or (employer) | (Durstion)yrsmosds. |
| | 9 BIRTHPLACE (State or country) | Secondary Durstion yrs |
| | 10 NAME OF John H. Blocher | (Signed) M. D. |
| | II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | of MOTHER Cleanor of Stanton | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsmosds. |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse contracted. That wells maryla |
| | (Informant) & B. Blocher | Former or usual residence |
| | (Address) Grantsville Md. | Trastbury mg. aug 19131 |
| | 15 Filedery 1) 1981 Harry (h) Registrar | 20 UNDERTAKER ADDRESS ADDRESS Prostburg |
| | If more blanks are needed, address State Registrar | , 16 W. Safatoga St., Balto., Requesting V. S. No. 1. |

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on tetanus) may be stated under the head of "contributory. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the

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ORD. Every item of infor-

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE PLAINEY

STATE OF MARYLAND-CERTIFICATE OF DEATHOROUS

| 1. PLACE OF DEATH | 170 (0) | | | |
|--|--|--|--|--|
| County_ALLEGANY | PORATE LIMITS Registration Dist. No. | | | |
| Village or CityCUMBERLAND_MD. WITHIN CON- | PORATE LIMITS (OR Registration Dist. No. 4 No. MEMORIAL HOSPITAL St., 51 Ward ff death occurred in a hospital or institution, give its NAME instead of street and number) | | | |
| (H Length of residence in city or town where death occurredyrsmos | | | | |
| 2. FULL NAME MR.HOMER BOGGS | | | | |
| The state of the s | EDISIND WITHER 1. | | | |
| (Usual place of abode) | ERISAND, MDWard. ff nonresident give city or town and State | | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | |
| 3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED | 21. DATE OF DEATH AUGUST, 8, 1931 (Month) (Oay) (Year) | | | |
| 5a. If married, widowed, or divorced HUSBAND of | 22. f HEREBY CERTIFY, That I attended deceased from | | | |
| (or) WIFE of MINNIE BOGGS | alleg- 7 ,103/ 10 aleg-8 ,1931 | | | |
| 6. DATE OF BIRTH (month, day, and year) MAY 23, 1880 | I last sew men elive on any 8 1, 193/; death is said | | | |
| 7. AGE Years Months Days If LESS than 1 day, hrs. | to have occurred on the date stated above, at 11 3 4 9m. P. M. | | | |
| 5 2 15 ormin. | The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows: Date of onset | | | |
| 8. Trede, profession, or perticular kind of work done, es SPINNER, SALESMAN SAWYER, BOOKKEPER, etc. SALESMAN | dator Tuence origo | | | |
| 9. Industry or business in which | | | | |
| 9. Industry or business in which work was done, es SILK MILLNATIONAL CASH REGIS SAW MILL, BANK, etc 11. Total time (years) 10. Date deceased last worked et this occupation (month end | SPER | | | |
| 10. Date deceased last worked et this occupation (month end year) | Other Contributory Canses of importance: | | | |
| 12. BIRTHPLACE (city or town) OHIO (State or country) | Other Courtbatery Causes of Importance. | | | |
| H 13. NAME GEORGE BOGGS | | | | |
| 14. BIRTHPLACE (city or town) OHIO | Name of operation Date of | | | |
| (State of country) | Whet test confirmed diagnosis? Was there an autopsy? | | | |
| # 15. MAIOEN NAME | 23. If death was due to external causes (VIOL ENCE) fill in also the following: | | | |
| 0 16, BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury, 19 | | | |
| ≥ (State or country) | Where did injury occur?(Specify city or town, county and State) | | | |
| 17, INFORMANT MEMORIAL HOSPITAL (Address) CHMBERTAND MD | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | | |
| 18. BURIAL CREMATION OR REPOVEM | Manner of Injury | | | |
| Place Blountstown Flapate Cleg 10, 19 34 | Neture of injury | | | |
| 19. UNDERTAKER Louis Stone Luc, | 24. Wes disease or injury in eny way related to occupation of deceased? | | | |
| (Address) Currellaced Mo. | If so, specify | | | |
| 20. FILEDANGS 10, 19 8 11 Harvey He lis | (Address) 122 SQ Centre | | | |
| If more blanks are needed, address State Registrar, | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | 1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| ~ | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| 4. 194 | |
|--------|--|
| * | |
| | |
| 92 | |

Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important.

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 0900 | 9 |
|---|---|-----------------|
| 1. PLACE OF DEATH | <u> </u> | 5 |
| County allegany | Registration Dist. No | <u></u> |
| Village or City Cres of Storiff | No. St., death occurred in a hospital or institution, give its NAME instead of street and nu | -Ward |
| | ds. How long In U.S. if of foreign birth?yrsmos. | |
| 2. FULL NAME Tolant Borge | uale | |
| (a) Residence: No. Ches abtour | St., Ward. | |
| (Usual place of abode) | If nonresident give city or town and St | tate |
| PERSONAL AND STATISTICAL PARTICULARS | 21. DATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE Color or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVERCED (Grite the Mard) | | 193 / (Year) |
| Sa. If married, widowed, or divorced HUSBANO of (or) WIFE of | 22. HEREBY CERTIFY, That I attended de | 21 |
| 6. DATE OF BIRTH (month, day, end yeer) Que 9 18/31 | 1 last of him 200 00 Set begge By 18, 193/: | death is said |
| 7. AGE Years Months Pays If LESS than | to have occurred on the date stated above, etO | |
| - J 1 day, - hrs. | The PRINCIPAL CAUSE OF DEATH and releted causes of importence were styliows: | Oate of onset |
| 8. Trade, profession, or particuler | | 8-8-3/ |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | | |
| 10. Oete deceased lest worked at this occupetion (month and year) | | |
| 12. BIRTHPLACE (city or town) — — — — — — — — — — — — — — — — — — — | Other Contributory Causes of importance: | |
| (State or country) | | |
| 13. NAME Celevar of H. Borquan | | |
| 14. BIRTHPLACE (city or town) (State or country) | Neme of operation | |
| 15. MAIOEN NAME Cla R. S. H. | Whet test confirmed diagnosis? Was there an au 23. If deeth was due to external ceuses (VIOLENCE) fill in also the following: | opsy? |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? | |
| (Stete or country) | Where did Injury occur? | |
| 17. INFORMANT Echer W. Bongomer (Address) | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Output Description: | E. |
| 18. BURIAC, CEMATION OR REMOVAL | Manner of injury | |
| masaftour high dug 1 9, 193 1 | Neture of injury | |
| 19 UNDERTAKER String Stain Stain | 24. Wes diseese or injury in any wey related to occupation of deceased? | |
| (Address) Companyandan | If so, specify | |
| 20. FILEO // 8 , 1971 // Climutel | (Signed) (Signed) | M. D. |
| Registrar. | (Address) - Chuthautauch 1/2 | MAY. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | - | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage RURE S. | July 5, 1927 | Peritonitis | 3 days ago |
| RUN | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back

PHYSICIANS should state of OCCUPA-ORD. Every item of inforstatement Exact stated EXACTLY. properly classified. STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1/ PLACE OF D | Allegany | | | AT) | | | | |
|--|----------------------------------|----------------|--|--|----------------|--|--|--|
| / County | A | | | Registration Dist. No. | | | | |
| Village or City | Zillma | n | (1) | No. St., St., St., St., St., St., St., St. | War number) | | | |
| Length of residence | in city or town where | death occurred | yrs2mo: | s. 28ds. How long In U.S. if of foreign birth?yrsm | osd | | | |
| 2. FULL NAME | William | Anhhon | y Bowen | | | | | |
| (a) Residence: N | 0 | | | St., Ward. | | | | |
| | | (Usual place | | If nonresident give city or town and | State | | | |
| | AND STATIST | | | MEDICAL CERTIFICATE OF DEATH | | | | |
| THOU TO | olor or race White | OR DIVORCE | RED, WIDOWED, D (qurite the word) TIED | 21. DATE OF DEATH931 | . 193 | | | |
| | | Mar | ried | (Month) (Day) | (Year) | | | |
| 5a. If married, widowed, or HUSBANO of | y Elizabe | th Bower | n | 22. HEREBY CERTIFY, That I attended | deceased fr | | | |
| (or) micro-parest | y BIII | JOH DOWE | | Aug. 16, 19 31 | , 19 | | | |
| 6. DATE OF BIRTH (mont | h, day, and year) | Feb. 9,1 | 897 | 9 9 99 | ; death Is sa | | | |
| 7. AGE Years | Months | Days | If LESS than | to have occurred on the date stated above, at | | | | |
| 34 | 6 | 11 | l day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance we'var'c'inoma of the right lung | Date of ons | | | |
| 8. Trade, profession, kind of work of | or particular | Machinis | at. | and oesphagus | | | | |
| SAWYER, BOO 9. Industry or busin | one, as SPINNER, KKEEPER, etc | BIG OLI ETTE. | | | | | | |
| Q work was done | , as SILK MILL, | | etal figurality | no autopsy was done. Impossible to | | | | |
| SAW MILL, BA 10. Date deceased las this occupation | | 11. Total ti | me (years) nt in this 13yrs | give further history: Con Soll | | | | |
| year) | | tourg Mo | pation | Other Contributory Causes of importance: | | | | |
| 12. BIRTHPLACE (city or t (State or country) | | oourg, ma | | Other Conditions Causes of Importance. | | | | |
| | eorge Bo | wen | | | | | | |
| 14. BIRTHPLACE (city | or town) Fro | stburg.N | Id. | Name of operation Date of | 1 | | | |
| (State or coun | | | | What test confirmed diagnosis? Was there an a | autopsy? | | | |
| 15. MAIOEN NAME | Sarah A | nthony | | 23. If death was due to external causes (VIOLENCE) fill in also the following | ; : | | | |
| 15. MAIOEN NAME 16. BIRTHPLACE (city | or town) Ca | rlos | | Accident, sulcide, or homicide? Date of injury | , 19 | | | |
| ∑ (State or coun | try) | | | Where did injury occur? (Specify city or town, county and State | (a) | | | |
| 17. INFORMANT MJ (Address) | s. Mary | E. Bowen | | Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. | | | | |
| 18. BURIAL, AREMA BOR aphren Cemetary | | | | Manner of Injury | | | | |
| Place | | Oate Aug | 24, 19.31 | - Nature of Injury | | | | |
| 19. UNOERTAKER | Jacob Ha | fer | | 24. Was disease or injury In any way related to occupation of deceased? | | | | |
| (Address) 23 | 25 E. UG | idmsta | Frostbur | If so, specify | | | | |
| 20. FILE0 2 | 193/ | "UTN | any | (Signed) | М. | | | |
| | | | Registrar. | (Address) (-F-rost-burg-Maryland- | | | | |

V. S. Mo. 1

-WRITE PLAINLY,

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal eause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis SEP 4 1933 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage BUREAU V. 8 | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory eauses of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

(Approved by U. S. Census and American Public Health Association.)

er," etc., without invocation of an analysis and all abover, Laborer—Coal name, etc. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Nerwant, Conf. en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DIS-FAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); "abbar pneumonia, Bronchopneumonia ("Pneumonia,")

5

answered in defail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate in

permanently filed.

22 as fracture of skull, and consequences (e.g., serves, American Medical Association.) papproved by Committee on Nomenclature of the 'telinus) may be stated under the head of "contributory. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Wcakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; inges, perdonaeum, etc., Carcinomu, Sarcomu, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death negident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trein or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-Chronic interstitial nephritis, If this certificate is looked over thoroughly and all questions Never report mere symptoms or terminal condicough; Chronic valeular etc. The contributory heart disease;

V. S. No. 1

| STATE OF MARYLAND—CERTIFICATE OF DEATH 19012 | | | | | | |
|--|--|--|--|--|--|--|
| 1/PLACE OF DEATH | | | | | | |
| County allegamy | CORPORATE LIMITS Registration Dist. No. | | | | | |
| Village or City Camberland | No. allegam Total St. 4 Ward | | | | | |
| (If | death occurred in a hospital of institution, give its NAME instead of street and number) | | | | | |
| Length of residence in city or town where death occurredyrsmos | ds. How long In U.S. if of foreign birth?yrsmosds. | | | | | |
| 2. FULL NAME Will Edward. | ntlin | | | | | |
| (a) Residence: No. 9 4 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | st., 6-/ Ward. | | | | | |
| (Usual prace of abode) | If nonresident give city or town and State | | | | | |
| PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR OR/RACE 5. SINGLE/MARRIED, WIDOWED, | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH | | | | | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIJ ORCED (write the word) | Queunt 5 19331 | | | | | |
| 5a, If married, widowed, or divorced | (Month) (Day) (Year) | | | | | |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from | | | | | |
| (or) mile or | due 2 ,1931, to ang 5 ,1931 | | | | | |
| 6. DATE OF BIRTH (month, day, end year) Jan. 23-1931 | I last saw h a alive on Que 5 , 19.3.1; death is said | | | | | |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at | | | | | |
| 6 /2 1 day, hrs. or min. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | | | | | |
| 8. Trade, profession, or particular kind of work dono, as SPINNER, | | | | | | |
| SAWYER, BOOKKEEPER, etc. | Entero wellis | | | | | |
| 9. Industry or business In which work was done, as SILK MILL, | | | | | | |
| SAW MILL, BANK, etc | | | | | | |
| this occupation (month and spant in this occupation | | | | | | |
| and. | Other Coutributory Causes of Importance: | | | | | |
| 12. BIRTHPLACE (city or town) (State or country) | O-O 1. T | | | | | |
| 13. NAME II 9 Bullion | | | | | | |
| E | Name of operation Date of | | | | | |
| 14. BIRTHPLACE (city or town) (State or country) | What test confirmed diagnosis? Was there an autopsy? | | | | | |
| 15. MAIDEN NAME Inflime mills. | 23. If deeth wes due to external causes (VIOLENCE) fill In also the following: | | | | | |
| 15. MAIDEN NAME 2 Clip Included 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury, 19 | | | | | |
| State or country) | Where did Injury occur? | | | | | |
| Will & Britten | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. | | | | | |
| 17, INFORMANT (Address) | | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury | | | | | |
| Place Mrse Hell Compate Ung 7 1931 | Neture of Injury | | | | | |
| 19. UNDERTAKER Long Stein 92 | 24. Was disease or Injury in any way related to occupation of deceased? | | | | | |
| (Address) | If so, specify | | | | | |
| 20, FILEDURA 6, 1931, Harven H. Weis | (Signed) Walter 3. Juhn M. D. | | | | | |
| Registrar | (Address) 132 Beafed of. | | | | | |
| If more blanks are needed, address State Registrar, | 2412 N. Charles Street, Ballimore, Requesting U. S. No. 1. | | | | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| E | xample I | i | Example II | |
|--|-----------------------|---------------|--|---------------|
| The principal cause of dea of importance were as follow | th and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | | 1915 | Attack of epilepsy | 1 week ago - |
| Chronic interstitial nephritis | OFL N DW | 1921 | Run over by street car | 1 week ago |
| | IT NOTALL | July5,1927 | Peritonitis | 3 days ago |
| | R | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | 1 | | |

| 09013 | 5 |
|-------|---|
|-------|---|

| 1 | L. PLACE | F DEAT | Н | | | 030. | LO |
|------------|--|---|--|--|--|--|-----------------|
| | County | Alle | gany | | (26) | Registration Dist. No. 7 | |
| | Village or | City] | Moscow | | | NoSt., death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth? | umber) |
| | 2 FILL N | A BATE | Tomos T | lman Bno | adwater | | |
| | | ence: No. | | (Usual place of | | St., Ward. If nonresident give city or town and | State |
| erreco | PERSO | NAL ANI | D STATIST | CAL PARTIC | | MEDICAL CERTIFICATE OF DEATH | |
| 3. | SEX M | 4. COLOR | R OR RACE | 5. SINGLE, MARI OR DIVORCED Marrie | RIED, WIDOWED, (write the word) | 21. DATE OF DEATH Aug. (Month) (Day) | 193 1 (Year) |
| 5a | . If marriad, wide HUSBAND of (or) WIFE of | owed, or divor | ced | Matthe | ews | 22. I HEREBY CERTIFY, That I attanded of | leceased from |
| 7. | 9 Teads | 1 (month, day, aars 36 | Months 9 | Oct. 17, | 1894 If LESS than I day,hrs. ormin. | I last saw h | |
| OCCUPATION | | r businass in vas done, as Si ILL, BANK, et asad last work cupation (mon city or town) | which ILK MILL, tcked at th and | octu | | Tuberculosis of spine testicles He had the latter removed at the John's Hopkins' Hospital. Other Contributory Causes of importance: | |
| FATHER | 13. NAME | | Md. | oadwater | • | Name of operation | |
| MOTHER | 15. MAIDEN N | IAME E1: | izabeth Md | | | What test confirmed diagnosis? | : |
| 18 | (Address) BURIAL, CREM Place L UNDERTAKER | Ation, or Ri aurel | oscow, Emoval Hill C | em _{ate} Aug n | g. 6 ₁₉ 31 | 24. Was diseasa or injury In any way ralated to occupation of deceased? | CE. |
| 20 | (Address) | | | ing, Md. E. Wil | | (Signad) Leo Epulliani I.] (Addrass) Parton Mif | R. 102 |

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9/3/31 BUREAU VS

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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July5,1927 | Peritani 63 | 3 days ago |
| | 101 | | |
| | | 404 | |
| Other contributory causes of importance: | 1001 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastracureritis . | 1 year |
| | CRA | | |
| | | | |

V. S. No. 1

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Perilonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | Y | |
| | 1915 1921 July5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

| | r r | |
|--|-----|--|
| | | |
| | | |

V. S. No. 1

| 1. | County Cleghery | THIN CORPORATE LIMITS (19) Registration Dist. No. |
|----------|---|---|
| | Village or City Length of residence in city or town where death occurred yes. I mos | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) As How long in U.S. if of foreign birth? yrs. mos. |
| 2 | FULL NAME Mary Frances (a) Residence: No. State | Bucklew St., Ward. |
| _ | (Usual place of abode) | If nonresident give city or town and State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. S | emale White OR DIVORCED (revite the word) | 21. DATE OF DEATH (Month) / (Dey) . 193 / (Yeer) |
| 5e. | If merried, widowed, or divorced HUSBAND of (or) WIFE of | 22. Aug 6 3 to and 1 attended deceased f |
| 6. D | PATE OF BIRTH (month, day, and yeer) Aug 19-1930 | I last saw alive on any 16, 1931; death is: |
| 7. A | GE Yeers Months Days If LESS then | to have occurred on the date steted ebove, etm. |
| | 1 2 2 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| ON | 8. Trade, profession, or particular kind of work done, as SPINNER, At Horne | 7. |
| | SAWYER, BDDKKEEPER, etc | Intentis of |
| UPAT | work wes done, es SILK MILL, SAW MILL, BANK, etc. | 193 |
| 200 | 10. Dato deceased lest worked et this occupation (month and year) | L |
| 12. | BIRTHPLACE (city or town) Cambuland (State or country) | Dther Contributory Causes of importence: |
| HER | 13. NAME Proy C Bucklew | |
| FAT | 14. BIRTHPLACE (city of town) (Steto or country) | Neme of operation |
| <u>~</u> | 15. MAIDEN NAME (Paral As Oleman | What test confirmed diegnosis? Wes there en eutopsy? |
| OTHE | - Viola social - | 23. If death was due to externel ceuses (VIDL ENCE) fill in elso the following: Accident, suicide, or homicide? |
| 8 | 16. BIRTHPLACE (city or town) (State or country) | Where did injury occur? |
| 17. | INFORMANT Roy & Buckley (Address) SAN & Cuntula & M. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| 18. | BURIAL, COMMATION, DR REMOVAL | Manner of injury |
| | Piece Illemment Detaling / 2 19.3 | Neture of Injury |
| 19. | UNDERTAKER G. A. Butty (Address) Market G. A. Butty M. B. | 24. Was disease or injury in any way releted to occupation of deceased? |
| | (NOUTESS) | (Signed) (33 Vg au |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| E | kample I | | Example II | |
|---|-----------------------|------------|--|---------------------------|
| The principal cause of dea of importance were as folk | th and related causes | | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | SEP 3 1931 | July5,1927 | Peritonitis | 3 days ago |
| | BUREAU V. | 8 11 | | |
| Other contributory causes | of importance: | P. | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA | AN |
|---|----|
|---|----|

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should AGE should be stated EXACTLY. IARGIN RESERVED FOR BINDING mation should be carefully supplied.

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

certificate.

state

Exact statement of OCCUPA-

CTATE OF MADY AND CEDTIFICATE OF DEATH AND

| STATE OF MARTLAND | CERTIFICATE OF DEATH 09016 |
|--|--|
| 1. PLACE OF DEATH | LATE & |
| County ALLEGANY | Registration Dist. No. |
| Village or City COMBERLAND, MD . WITTE | No. Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred yrsmos | ds. How long in U.S. if of foreign hirth? |
| 2. FULL NAME SULLOOM JON | Ret. |
| (a) Residence: No. Kavale, Md. Or. F. B. #1 | St., Ward. If nonresident give city or town and State |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| OR DIVORCED (write the word) | |
| MALE WHITE 5a. If married, widowed, or divorced | AUG, I5, LaMonth) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| (a) miles | , 19, to, 19, 19 |
| 6. DATE OF BIRTH (month, day, and year) | i last saw h alive on TO OP M. death is sald |
| 7. AGE Years Months Deys If LESS than | to have occurred on the date stated above, at |
| Stillborn 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER. | |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. | Presenting Brook |
| 9. Industry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 11. Total time (years) | |
| this occupation (month and year) spant in this occupation | |
| MARYLAND 12. BIRTHPLACE (city or town) | Other Contributory Causes of importance: |
| (Stete or country) | |
| □ 13. NAME DOWN DIRECTOR | |
| I ROI BURKETI | Name of operation Date of |
| 14. BIRTHPLACE (city or town) | What tast confirmed diagnosis? |
| 15. MAIDEN NAME TAZET, TOAR | 23, If death was due to external causes (VIOLENCE) fill in also the following: |
| I I I I I I I I I I I I I I I I I I I | Accident, sulcide, or homicide? |
| Stete or country) | Where did injury occur? |
| 17. INFORMANT MEMORIAL HOSPITAL | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| 17. INFORMANT MEMORIAL HOSPITAL (Address) CHIMRERIAND MD. | |
| 18. BURIAL, CREMATION, DR REMDVAL | Manner of injury |
| Place Date Date 15, 19 J | Nature of injury |
| 19. UNDERTAKER Dashayd ay | 24. Was disease or injury in any way related to occupetion of deceased? |
| (Address) | If so, specify |
| and thomas ME | (Signed) Reserve C. The hear M. D. |
| 20. FILED Registrar. | ((Address) 122 200) 8. |

If more blanks are needed, address State Registrar, 2411 N. Plantes Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Atlack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| • | | | | |

N. B.-WRITE PLAI

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| | ver | IAN | men | |
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| | LY, | cal | TH | port |
| | AIN | d be | DEA | Ë |
| | -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANBUT IN CORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTDY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. | TION is very important. See instructions on back of certificate. |
| | TE | n sh | SE C | 18 |
| | VRI | ation | AUS | ION |
| | 1 | E | S | E |

| | S L PLACE OF DEA | | MARYLAND- | CERTIFICATE OF DEATH | 9017 |
|---|---|-----------------------------------|--|--|-------------------------------|
| | County All | | 44. | Registration Dist. No. 9 | |
| / | Village or City | rostburg ity or town where dea | th occurredyrs,mo | No. 62 Park Avenue St death occurred in a hospital or institution, give its NAME instead of street s | .,Ward |
| | (a) Residence: No. | | (Usual place of abode) | St., Ward. If nonresident give city or town | n and State |
| - | PERSONAL AN | D STATISTIC | AL PARTICULARS | MEDICAL CERTIFICATE OF DEAT | Н |
| | M B | | or Divorced (write the word) | 21. DATE OF DEATH August 14, (Month) (Day) | , 193 1 (Year) |
| 6. | HUSBAND of (or) WIFE of DATE OF BIRTH (month, da AGE Years | y, and year) J | Days 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 22. I HEREBY CERTIFY, That I atter Aug. 12. 19.31, to Aug. 1 I last saw h. im. alive on Aug. 12. 19. 19. to have occurred on the date stated above, at .7:50 A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance | .4, 1931 31; death is said |
| - | 8. Trade, profession, or p | articular | 24 ormin. | were as follows: | Date of onset |
| OCCUPATION | kind of work done, SAWYER, BOOKKEF 9. Industry or business in work was done, as SAW MILL, BANK, 10. Date deceased last wo this occupation (mo | which SILK MILL, etc | 11. Total time (years) spent in this | Gastro-Enteritis | 3 day |
| 1 | year) BIRTHPLACE (city or town) (State or country) | 3.7 | _ occupation | Other Contributory Causes of importance: Pneumonia - Broncho | 2.das |
| FATHER | 13. NAME H 14. BIRTHPLACE (city or to | arry R. (| | Name of operation Date What test confirmed diagnosis? Was there | |
| 15. MAIDEN NAME Mary L. Thompson 16. BIRTHPLACE (city or town) Virginia (State or country) | | | | 23. If death was due to external causes (VIOLENCE) fill in also the foll Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county an | , 19 |
| | (Address) . BURIAL, CREMATION, OR I | REMOVAL | Parter urg, Md. Date 8/16/31,19 | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLI Manner of Injury Nature of Injury | IC PLACE. |
| | (Address) F | ob Hafer costburg, | Md. W. O. McLana. | 24. Was disease or injury in any way related to occupation of deceased if so, specify (Signed) Junior J. Bross | d? |
| - 0. | | | MCLane, | Sr. (Address) 92 East Mary St | Frost burg |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

RECERVED 9/4/31 BUREAU VS

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| Example I | ca! | | Example II | |
|--|-----------|---------------|--|---------------|
| The principal cause of death and relat of importance were as follows: | ed chuses | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis ! 3 , co L | | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis- | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | | July 5,1927 | Peritonitis | 3 days ago |
| Othon contributors of in H | | | | - 6 |
| Other contributory causes of importan | cerv | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |

| · · · · · · · · · · · · · · · · · · · | • | |
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| | County ALL | | T ART M | ATTIME DORP | Onai'- Li | Registration Dis | |
|-----|---|------------------------|-------------------|--|--------------------------------------|--|--------------------------|
| | Village or City | CUMBER | LAND | | | IAL HOSPITAL of institution, give its NAME in | St., O |
| | Length of residence in cit | ty or town where | death occurred | yrs/mos | ds_ How long is | n U.S. if of foreign birth? | _yrsmos |
| 2 | . FULL NAME | LIZZ | IE CARV | ER | | B 0 . | D. od |
| | (a) Residence: No | BERLIN, | PENNA | | -ST- Ward | If nonresident give | e city or town and State |
| | PERSONAL AN | D STATIST | | | MEDIO | CAL CERTIFICATE C | |
| | | R OR RACE HITE | OR DIVORCE | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DE | August 28. | 1931 , 193 |
| 5a. | If married, widowed, or divor | rced | 1 1122 | OHED | 11/21/1 | (Month) | (Day) (Ye |
| | (or) WIFE of | JACOB | CARVER | | 22. I HE | REBY CERTIFY. | That I attended decease |
| 6 1 | DATE OF BIRTH (month, day | and weer) | Decembe | r 22-1879 | I last saw h w ali | ive on 8 - 2 | 7 ,19.3 (; death |
| 11 | AGE Years | Months | Days | If LESS than | | data stated above, at 6:45 | 1 |
| | 52 | 8 | 6 | 1 day, hrs. | The PRINCIPAL CAUSE ware as follows: | OF DEATH and related causes of | |
| Z | 8. Trade, profession, or pa | rticular as SPINNER | TIOITOTE | | Can | n local | Date o |
| E | kind of work done, SAWYER, BOOKKEE 9. Industry or business in | which | HOUSEW | ORK | Quelo | alian | |
| 例 | work was done, as S SAW MILL, BANK, e | ILK MILL, | | | 100- | - 5 1 | |
| 000 | 10. Data deceased last wor this occupation (mor | nth and | spa | tima (years) entin this | agui | - Lexui | 100 |
| | yaar) | | | upation | Wher onthibutory Char | ses of importance: | wur !! |
| 12. | BIRTTIPLACE (city or town). (State or country) | PENNS | YLVANIA | | Augo | the new | my of |
| ER | 13. NAME AL | EX WALK | ER | | track | Kistra | though 1 |
| ATH | 14. BIRTHPLACE (city or to | wn) PEN | NSYLVAN | IA | Name of operation. | 0171/20 | a Date of the |
| - | (State or country) | | | | What test confirmed has | gnowed Melen | Was there an autopsy? |
| HER | 15. MAIDEN NAME | SHA | FFER | | 23. If death was due to ex | xternal causes (VIOLENCE) fill In | also the following: |
| MOT | 16. BIRTHPLACE (city or to | wn) PENN | SYLVANI | A | Accidant, suicide, or hor | 1. | e of injury 219 |
| - | (State or country) | MADE: - | **** | _ | Where did injury occur? | (Specify city or tov | wn, county and State) |
| 17. | | | HOSPITA MARYLA | | Specify whether injury o | occurred in INDUSTRY, in HOME | , or in PUBLIC PLACE. |
| 18. | BURIAL, CREMATION, OR R | | P | | Manner of injury | | |
| | Place serli | ~ pa | Dateline | 311931 | | | |
| 19. | UNDERTAKER SOL | ulm | 7 4 | 0- | 24. Was disease or injury | y in any way related to occupation | on of deceasad? |
| | (Address) | esfi | - No | la. | If so, specify | N SS | 1 |
| | | | | | (Signed) | | |

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| | Example I | | Example II | | |
|--|----------------------------------|---------------|--|---------------|--|
| The principal cause of of importance were as f | death and related causes ollows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis | | 1915 | Attack of epilepsy | 1 week ago | |
| Chronie interstitial nephrit | is | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | I DITTERTY & | July 5,1927 | Peritonitis | 3 days ago | |
| | | 2 | | | |
| Other contributory caus | ses of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| V | | OF MARYLAND | CERTIFICATE OF DEATH | 019 |
|--------|---|---|---|------------------|
| / : | 1. PLACE OF DEATH | | MITHIN CORPORATE LIMITS (19) Registration Dist. No. | |
| | Village or City. | Wear Vous de | No. Alle game Hoshi in a hospitation institution, give its NAME indeed of street ar | Ward |
| | Length of residence In city or town when | | | mos ds. |
| | 2. FULL NAME Colux | in Clark | Ju. | |
| | (a) Residence: No. 444 | (Usual place of abode) | St., 6 - Ward. If nonresident give city or town a | and State |
| | PERSONAL AND STATIS | | MEDICAL CERTIFICATE OF DEATH | |
| 3. | SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) | , 193 (Year) |
| 5a | . If marriad, widowed, or divorcad HUSBAND of | | 22. I HEREBY CERTIFY, That I altend | ad daceased from |
| | (or) WIFE of | | 0.0 | 7 193/ |
| 6. | DATE OF BIRTH (month, day, and year) | nov 30-1980 | / | /; death is said |
| 7. | AGE Years Months | Days If LESS than 1 day,hrs. | to have occurred on tha date stated abova, at | |
| _ | 8. Trade, profession, or particular | ormin. | were as follows: | Date of onset |
| NO | kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc | mone | 00 000 601 | aug 1 |
| PATIDI | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | | Che greet cours | |
| 000 | 10. Data deceased last worked at | 11. Total time (years) | | |
| 10 | this occupation (month and yaar) | spent in this occupation | Other Coutributory Causes of importance: | 0 - 5 |
| 12 | BIRTHPLACE (city or town) | mil. | | any s |
| ~ | (State or country) | OP V | Julishual Caphilla | |
| FATHER | 13, NAINE | m. 1 | Name of operation. Date o | |
| FA | 14. BIRTHPLACE (city or town) | ma | What test confirmed diagnosis? | in autopsy? |
| HER | 15. MAIDEN NAME Wice | V. Rose | 23. If death was due to external causes (VIOLENCE) fill in elso the follow | ving: |
| MOTHER | 16. BIRTHPLACE (city or town) | and | Accident, suicide, or homicide? Date of Injury | , 19 |
| 2 | (Stata or country) | 00 1,00 | Whera did injury occur? (Specify city or town, county and | |
| 17 | 7. INFORMANT CALORIA (Address) | Clark or | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC | PLACE. |
| 18 | B. BURIAL, CREMATION, OR REMOVAL | C - | Manner of injury | |
| | Place Tracymond | 1 Date Weeg 1,5 , 1931 | - Nature of injury | |
| f | 9. UNDERTAKER Focies & | Theyo Luc | 24. Was disease or Injury in any way related to occupation of deceased? | |
| | (Address) | reland, mo | If so, specify | _ |
| 21 | 0 heling 15,1931. I | Tamey H. Wer Registrar. | (Signed) (Address) (Address) | Lud . |
| - | A If me | | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |
| | V | V | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Ex | ample I | | Example II | |
|--|-----------------------|---------------|--|---------------|
| The principal cause of dea of importance were as follows | th and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | SEP 5 1931 | 1921 | Run over by street car | 1 weck ago |
| Cerebral hemorrhage | | July 5,1927 | Peritonitis | 3 days ago |
| | BUREAU | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

ARGIN RESERVED FOR BINDING

. S. No. 1

| 1. 1 | PLACE OF | | אוראוז וע | ILAND | CERTIFICATE OF DEATH | 620 |
|--------------|--------------------------------|--|-------------------|--------------------------------------|---|---------------|
| | County | (for 22 | Quex | u. | Registration Dist. No. | |
| | Village or City | Ce 15 | 2/ 7 | - 1 | No. St. | W |
| | | | 9 | | death occurred in a hospital or institution, give its NAME instead of street ar | d number) |
| | | ice in city or town where | death occurred | mo: | ds. How long in U.S. if of foreign birth?yrs | .mos. |
| 2. 1 | FULL NAM | | -CX - | Viv | 1. Obelleman | |
| | (a) Residence | : No. | (Usual place | of abode) | St., Ward. If nonresident give city or town a | nd State |
| PER CANA | PERSONA | L AND STATIST | The second second | | MEDICAL CERTIFICATE OF DEATH | |
| 3, SEX | Tin | COLOR OR RACE | | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH (Month) (Dev) | , 193 |
| 5a. If-1 | nerried, widowed, | or divorced | | | | (Year) |
| (0 | USBANO of Or) WIFE of | | | | 22. HEREBY CERTIFY, That I ettend | ed deceasod f |
| | TO OT OTHER | | c 6. | - 9/ | I last saw halive on19 | . 19. |
| 7. AGE | | onth, day, and year) Months | Days | If LESS than | to heve occurred on the date stated above, atm. | , ueath is |
| - | | | | 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| Z 8 | Trede, profession | n, or perticuler | | | weie as follows. | Oate of or |
| NOIL | | k done, as SPINNER, DOKKEEPER, etc. | | | | |
| JPAT 9 | Industry or bus work was de | niness in which one, es SILK MiLL, BANK, etc | | | | |
| S 10 | . Dete deceesed | last worked at | 11. Totel t | ime (years) | | |
| थ | this occupet year) | ion (month and | spe occi | nt in this upation | | |
| 12. 81 | RTHPLACE (city o | r town) | hat | 772d. | Other Contributory Causes of Importence: | |
| , | (Stete er country | | 10 = | | | |
| 监 13 | NAME A | (Comments) | Joseph | man | | |
| FATHER 13 | BIRTHPLACE (C | | all con | 17770 | Name of operation Date of | |
| | (Stete or co | untry) | | - 0 - | Whet test confirmed diagnosis? Was there e | n autopsy? |
| MOTHER 19 | MAIDEN NAME | 1 chod | 1 () e | 122 | 23. If deeth was due to external causes (VIOLENCE) fill in also the follow | |
| Q 16 | . BIRTHPLACE (c | | wight | 1119. | Accident, suicide, or homicide? Dete of Injury | , 19 |
| | (Stete of Co | A 1 | 00 | | Where did injury occur? (Specify city or town, county and S | itate) |
| 17. INF | (Address) | Day, C | ~~~~ | umai | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC | PLACE. |
| 18. BU | RIAL, CREMATIO | N, OR REMOVAL | | | Manner of injury | |
| | Place | | Dete | , 19 | Neture of injury | |
| 19. UN | DERTAKER | | | | 24. Wes disease or injury in eny wey related to occupation of deceased? | |
| | (Address) | 9 | 1/11/21 | 20 1/ | If so, specify | |
| 20. FIL | .ED | 1,193/ M | M. U.M. | Land | (Signed) | Juny 1 |
| | | 1 | | Registrar. | (Address) | ·6l |

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| Ex | cample I | 01 | Example II | | |
|--|---------------------------|---------------|--|---------------|--|
| The principal cause of dear of importance were as follows: | th and related causes ws: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | Ser A Ser | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 77 | = 1921 | Run over by street car | 1 week ago | |
| Corebral hemorrhage | RURETE | July 5,1927 | Peritonitis | 3 days age | |
| | | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

CORD. Every item of infor-PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT K. mation should be carefully supplied. AGE should be stated EXACTLY. ARGIN RESERVED FOR BINDING

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

| | () | OF MAR | YLAND- | CERTIFICATE OF DEATH 09022 | |
|--------------------------------------|--|-------------------|------------------------------------|--|--------|
| 1. PLACE OF | DEATH | ender | 0.37. | 8 | |
| County | The state of | Huch | a lung | Registration Dist/No. | |
| Village or City | 1.17000 | None | 9- (1) | death occurred in a hospital or institution, give in NAME instead of street and number) | Ward |
| Length of reside | nce in city or town where | death occurred | / fres. for | | ds. |
| 2. FULL NAM | Ε | V/C | Levo | om Colgan | |
| (a) Residence | : No | | | St., Ward. | |
| | | (Usual place | | If nonresident give city or town and State | |
| | L AND STATIST | | | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH | |
| Jun | W | | RRIED, WIDOWED, D (write the word) | (Month) (Day) (Yea | r) |
| 5a. H married, widowed HUSBAND of | , or divorced | | | 22. I HEREBY CERTIFY, That i attended deceased | from |
| (or) WIFE of | | | | 719.7 ,30 ,19 | |
| 6. DATE OF BIRTH (m | onth, day, end year) | | | i last saw h alive on 1, 19 ; death Is | s said |
| 7. AGE Years | Months | Days | If LESS than | to heve occurred on the date states above, at | |
| | | | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | onset |
| 8. Trede, profession kind of wor | k done, as SPINNER. | _ | | | |
| SAWYER, B | DOKKEEPER, etc | | | () ff f | |
| work was d | siness in which one, as SILK MILL, BANK, etc | | | J. J. J. | |
| 10. Date deceased this occupat | last worked at | 11. Total | time (years) | 7 - | |
| year) | | 000 | upation | Other Coutributory Causes of Importance: | |
| 12. BIRTHPLACE (city | | www | 1.04/9, | | |
| (State er countr | P | dall | 1.0000 | | |
| 13. NAME 14. BIRTHPLACE (C | vaymo | my yo | vyani | | |
| 14. BIRTHPLACE (d | | uma | 2/11-1/1/1/ | Name of operation Date of | |
| | R. IA | 1/1/1000 | 12/10 A - | What test confirmed diegnosis? | |
| E | | 1. 1. 2 lb | 1/8 | 23. If death was due to external causes (VIOLENCE) fill in also the following: | |
| O 16. BIRTHPLACE (c | | MAG | , | Accident, suicide, or homicide? | |
| 17. INFORMANT(Address) | uymor | up Co | gaw- | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. | |
| 18. BURIAL, CREMATID | N, DE REMOVAL | H | foreig. | Manner of injury | |
| Place | | Date | , 19 | Nature of injury | |
| 19. UNOERTAKER | / | MET TO BE | | 24. Wes disease or injury in any way related to occupation of deceased? | |
| (Address) | , , , , , , , , , , , , , , , , , , , | 0 | · 1 | If so, specify | |
| 20. FILED | 5,193/ | ru.Om | Registrat. | (Signed) AUSTON AG | M. D. |
| | If more | blanks are needed | address State Registrar | | |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis SER 4 1931 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SP | ACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------|-----|-----|---------|------------|----|-----------|
|---------------|-----|-----|---------|------------|----|-----------|

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

CORD. Every item of infor-

Exact statement of OCCEPA.

| STATE OF MARTLAND—CERTIFICATE OF DEATH | STATE | OF | MARYLAND-CERTIFICATE OF DEATH | 09021 |
|--|-------|----|-------------------------------|-------|
|--|-------|----|-------------------------------|-------|

| 1. PLACE OF DE | | War Lynn | | (40) | |
|--|-----------------------------|------------------------------|--|--|---------------|
| County Alle | Seruh | , co. | Pa | Registration Dist. No. | |
| Village or City | Frostburg | 3 | Parkra Listing (III | No. 114 Mt .Pleasant St., If death occurred in a hospital or institution, give its NAME instead of street and nur | Ward |
| Length of residence I | n city or town where de | eeth occurred | | sds. How long In U.S. If of foreign birth?yrsmos. | |
| 2. FULL NAME | Ruth A | melia (| Colgan | | |
| (a) Residence: No | 114 Mt | · Plea | | St., Ward. If nonresident give city or town and St | ate |
| PERSONAL A | ND STATISTIC | CAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| Female 4. co | White | 5. SINGLE, MAR OR DIVORCE | RED, WIDOWED, D (write the word) Tried | 21. DATE OF DEATH Aug. 26, 1931 (Day) | 193 (Yeer) |
| 5a. If merried, widowed or HUSBANO of (or) WIFE of | ymond I.C | olgan | | 22. I HEREBY CERTIFY, Thet I ettended de | ceased from |
| 6. DATE OF BIRTH (month, | day, end yeer) Ju | ly 15, | 1904 | Aug. 18, 1931 , 19 , to Aug. 26, 1931 18st saw h. er alive on Aug. 26, 1931 19 | |
| 7. AGE Yeers | Months | Deys | If LESS than | to heve occurred on the date stated above, e5:30 Am. M. | |
| 27 | 1 | 11 | 1 day,hrs. | were as follows: | Date of onest |
| 8. Trede, profession, o kind of work do SAWYER, BOOK | ne, as SPINNER, | House- | vife | Intestinal Obstruction | Aug.2 |
| work was done | s in which es SILK MILL. | | | | |
| O 10. Date deceased last | | 11. Total t | ime (years) nt in this upetion 9 | | |
| 12. BIRTHPLACE (city or to | Garret | County | | Other Contributory Causes of Importence: Incomplete Abortion | |
| (Stete or country) | nt Beible | ייר | | Peritonitis | |
| 13. NAME | | coming | de De | | |
| 13. NAME 14. BIRTHPLACE (city of (Stete or country) | r town) | omriig (| oo.,ra. | Neme of operation Historectomy Oate of Au Laparonomyagneor repair of windsort | _ |
| 15. MAIOEN NAME | Rack | nael Mc | Kensie | 23. If deeth was due to externel causes (VIOL ENCE) fill in also the following A | |
| 15. MAIOEN NAME 16. BIRTHPLACE (city of | rtown) Gar | ret Co. | | Accident, suicide, or homicide? Dete of injury | 0 - |
| - (State at conuit | eSales Co Frostbu | | | Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC | E. |
| 18. BURIAL, CREMATION, O | R REMOVAL | - | 929,1931 | Menner of injury | |
| 19. UNDERTAKER Ja | col Hos | afer 1 | | 24. Was disease or injury In any way releted to occupation of deceased? | |
| 20. FILED | 1931 D | 1.OVA | Kegistrar. | (Signed) (Address) | 1. M.D. |
| / | If more b | blanks are needed, | | r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | |

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| -Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
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| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

M

| on ou | Village or City Constitution | No. 1 1) Unneytrania dos. 6 - 2 War |
|--------------|---|--|
| au / | | death occurred in a hospital or institution give its NAME instead of street and number) |
| | Length of residence in city or town where death occurredyrsmos | ds. How long in U.S. if of foreign birth?yrsmosd |
| 3 | 2. FULL NAME ANYTHING VOILLE CO | 6-2 Ward. |
| Sta | (a) Residence: No. (Usual place of abode) | If nonresident give city or town and State |
| Evaci | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Hemple A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the work) | 21. DATE OF DEATH (Month) (Day) (Year) |
| | 5a. If married, widowed, or givorcad HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased fr |
| | (OI) WIFE OI CHINACE. | July of 103/ 10 alleg 7 193 |
| certificate. | 6. DATE OF BIRTH (month, special 14 18 79 | I tast saw h les alive on alive of the saw h les s |
| | 7. AGE Yaars Months Days if LESS than 1 day, hrs. | to have occurred on the data stated above, atm. |
| | 32 6 23 or min. | Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows: |
| | 8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | 9bo |
| | < 1 3. Industry or business in which | Carcinoma sign |
| | work was dona, as SILK MILL, At Home | 112 |
| | 10. Data dacaasad last worked at this occupation (month and spent in this | |
| - | yaar) occupation occupation | Other Contributory Causes of importance: |
| | 12. BIRTHPLACE (city or town) (State or country) | |
| | | |
| | | Name of operation . Date of . |
| | 14. BIRTHPLACE (city or town) | What test confirmed diagnosis? Was there an au opsy? |
| | 15. MAIDEN NAME mary Ellen Junger | 23. If death was due to axternal causes (VIOLENCE) fill In also the following: |
| | 16. BIRTHPLACE (city or town) | Accident, suicida, or homicida? 100 Data of injury, 19 |
| | E (Stata or country) | Where did injury occur? (Specify city or town, county and State) |
| | 17. INFORMANT Councils (Addrass) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| | 18. BURIAL, CREMATION, OR REMOVAL 11 9/ Ang 9 3 | Mannar of Injury 40 |
| | Place Data Data 195 | Natura of injury |
| | 19. UNDERTAKER This Stem the me. | 24. Was disease or injury in any way related to occupation of deceased? If so, specify Research |
| | 20, FILED Ang. 9, 1931, Have, Hiters | (Signad) 133 Va Cerry |
| | Registrar. | (Addrass) |

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephrilis RUREAU V. S | 1921 | Run over by street car | 1 week ago | |
| Cercbral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|---------|------------|----|-----------|
|--------------|-------|-----|---------|------------|----|-----------|

STATE OF MARYLAND

| 1PLACE OF DEATH | STATE OF MARYLAND |
|---|---|
| County allegany | CERTIFICATE OF DEATH |
| | Registration Dist. No. |
| Village or City on seeing (No. | St.: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME | Crawford stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWE WIDOWE OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| 8 4 , 1931 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I isst saw har alive on 4 192 |
| yrs. mos. ds. or / 0 min.? | and that death occurred on the date stated above, at 9 pm. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | getalise (Durstion) yrs. mos. de. |
| 9 BIRTHPLACE (State or country) Wild. | Contributory Secondary (Duration) |
| 10 NAME OF FATHER CESLEY Crawford 11 BIRTHPLACE OF FATHER (State or country) Md | (Signed) |
| 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of deathyrsmosds. Where was discase contracted, |
| (Informant) Maley Cauff | if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Sanacour | 20 UNDERTAKER ADDRESS Musley Crowford Conscious |
| If more branks are needed, address State Registra | r, 16 W. Saratoga St. Baito., Requesting V. S. No. 1. |

V. S. No.

WRITE PLA

N. W.

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANE BINDING

H UNFADING INK-THIS IS A MARGIN RESERVED

FOR

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery man, (b) Automobile factory. The materia Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); "Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Exhaustion," "Heart lanue,
"Old Age," "Shock,"
"Tranition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, pcritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptomunqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) Chronic etc. valvular heart disease; affection need not be The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT K. ORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. ARGIN RESERVED FOR BINDING

V. S. No. 1

| 1. PLACE OF DEATH | CERTIFICATE OF DEATH 00025 |
|---|--|
| County Cleggang Village or City Troubling | No. Registration Dist. No. St. Ward |
| Length of residence In city or town where death occurred | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Admy of an a (a) Residence: No. 97 Hell of (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY That I attended deceased from the state of the st |
| 6. DATE OF BIRTH (month, day, and year) Oct 7, 1879 | I last saw h. Ma aliva on |
| 5/ 10 8 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER Mou Chant SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, es SILK MILL, | Vulmonary Vemorrhage |
| work was dona, es SILK MILL, SAW MILL, BANK, etc | |
| 12. BIRTHPLACE (city or town) Md | Other Coutributory Causes of Importance: Joseph July on are Juber Culose From |
| 13. NAME James Dando 14. BIRTHPLACE (city or town) | |
| (State of Country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Darah (Price 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| (Stete or country) 17. INFORMANT (Address) 97 The trustburg Ind | Whare did injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Pieca Date 17, 131 | Mannar of injury |
| 19. UNDERTAKER Addrass) A Austria My | 24. Wes disease or injury In any way releted to occupation of decaased? |
| 20. FILED 15, 19-31 DAM Registrat. | (Signed) Will Address) Thousand |

CTATE OF MADVI AND

CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis RIIR AU Y | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

S. No. 1

B.

state

County

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Years

3

8. Trade, profession, or particular

9. Industry or business in which

12. BIRTHPLACE (city or town). (State or country)

15. MAIDEN NAME

(Address)

19. UNOERTAKER 4

(Address)

14. BIRTHPLACE (city or town (State or country)

16. BIRTHPLACE (city or town) (State or country)

CREMATION, DR

13. NAME

kind of work done, as SPINNER,

SAWYER, BDDKKEEPER, etc

work was done, as SILK MILL SAW MILL, BANK, etc 1D. Date deceased last worked at

this occupation (month and

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

PERSONAL AND STATISTICAL PARTICULARS

Months

S. SINGLE, MARRIED, WIDO DIVORCED (write the

Days

6

9

1 day,

01_____

11. Total time (years) spent in this

occupation

2

If LESS

4. COLOR OR RACE

STATE OF MARYLAND—CERTIFICATE OF DEATH WITHIN CORPORATE LIMITS (26) 1. PLACE OF DEATH Registration Dist. No. Length of residence in city or town where death occurred (a) Residence: No. (Usual place of abode)

| | St., 6-2 Ward. If nonresident give city or town and State |
|--------------|--|
| | MEDICAL CERTIFICATE OF DEATH |
| VED. | 21. DATE OF DEATH (Month) (Day) (Year) |
| 7 | 1 HEREBY CERTIFY. That I attended deceased from fully - 25, 193/, to Cury - 16, 193/ |
| than hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset July 19. |
| | Other Contributory Causes of Importance: |
| | Name of operation Oate of |
| 1 | What test confirmed diagnosis? Was there an autopsy? |
| y acc | Accident, suicide, or homicide? Date of injury, 19 |
| 931 | Manner of Injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? |

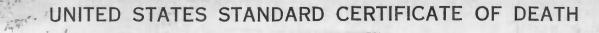
unberland mes

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address) 7-/ 5



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | |
| | | 1 week ago |
| 1921 | Kun over by street car | 1 week ago |
| July5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July5,1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

| | i | |
|--|---|--|
| | | |
| | | |
| | | |

BINDING FOR THIS. RESERVED ARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH WITHIN CORPORATE LIMITS 1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred _____yrs. ____mos. ____ds. How long in U.S. if of foreign birth? _____yrs. ____mos. ____ds. statement PHYSICIAN 2. FULL NAME Anna. L. Elfrit (a) Residence: No. (Usuatplace of abode) If nonresident give city or town and Stal Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female White (Month) (Day) (Year) 5a. if married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end year) properly tf LESS than 7. AGE Days to have occurred on the date stated above, at. 1 day, The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. pe 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... may back 11. Total time (years) 10. Date deceased lest worked et this occupation (month end spant in this that occupetion ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)_____ supplied. (State or country) FATHER 13. NAME Name of operation _____ Date of _____ 14. BIRTHPLACE (city or town) (Stata or country) be carefully What test confirmed diagnosis? _____ Was there an autopsy?____ a MOTHER Birdie.Bradour important. 15. MAIDEN NAME 23. If death was due to externet causes (VIOLENCE) filt in atso the following: E DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) rdie. Bradour Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods 17. INFORMANT. very OF (Address) Rannally 110 111 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE Nature of tnjury. LION lliam. 24. Was disease or injury in any wey related to occupation of deceased 19. UNDERTAKER (Address) If so, specify 20. FILED. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | ==1 | Example II | |
|--|--------------------------------|-------------|--|---------------|
| The principal cause of death and related causes Date of onset of importance were as follows: | | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 050 5 10 1 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephr | rilis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V | July 5,1927 | Peritonitis | 3 days ago |
| | granding a small management of | | | |
| Other contributory ca | uses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

V. S. No. 1

| | CERTIFICATE OF DEATH 09028 |
|---|--|
| 1. PLACE OF DEATH | 20 |
| County allegamy | N CORPORATE LIMITS Registration Dist. No. |
| Village or City Carlebuland WITH | ND. (Ward Ward Ward is NAME Instead of street and number) |
| Length of residence in city or town where death occurredyrs,mo | s. 26 ds. How long in U.S. if of foreign birth? /mos ds. |
| 2. FULL NAME Shilton d'eray Cr | nst J. D. P. |
| (a) Residence: No. Tairho (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIFORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Var) |
| 5a. If married, widowed, or divorced | |
| HUSBANO of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| 72 Q 1 | July 6 193/ 10 ling 1 at 193/ |
| 6. DATE OF BIRTH (month, day, and year) def 30t 193 | I last saw h alive on free 3/ 19.3/ ; death is said |
| 7. AGE Years Months Days If LESS than I day,hrs. | to have occurred on the date Kated above, at 10 - 2 m. |
| 7 9 2 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, at switch BOOKKEEPER, etc. | Basilas Meningi. 6:27 |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Date deceased last worked at this occupation (month and year) | V |
| 12. BIRTHPLACE (city or town) To | Other Contributory Causes of importance: |
| (State or country) | |
| # 13. NAME Willow & Const. | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Dearl M. Comerich | 23. If death was due to external causes (ViOLENCE) fill in also the following: |
| 15. MAIOEN NAME Fleat m, Emerich 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Oate of injury, 19 |
| State er country) / @ / | Where did injury occur? |
| 17. INFORMANT WILL P. C | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Comps, ta, Oate Aug. 2, 193 | Nature of Injury |
| 19. UNDERTAKER Johnsona Uzzdertaking Co | 24. Was disease or injury in any way related to occupation of deceased? |
| (Addiess) Berling Va. | If so, specify |
| 20, FILEDING. 2, 1931. Haway H. Weljas. Registrar. | (Signed) (Address) Cumuland |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1. |

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| Example I | | | Example II | |
|--|----------------|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | PED 5 1931 | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | STORY - II A | July 5, 1927 | Peritonitis | 3 days ago |
| | | | | - |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
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PHYSICIAMS should state act statement of OCCUPA-CORD. Every item of infor-

Exact statement

stated EXACTLY.

properly classified.

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AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

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| STATE OF MARYLAND— | CERTIFICATE OF DEATH 09 | 029 |
|--|---|-----------------|
| County allegan | Registration Dist. No. 4 | |
| Village Dr City Couldn't WIN C | ORPONS/9West 3rd St. 6. | 2 Ward |
| Length of residence in city or town where death occurredyrsmos. | death occurred in a horpital or institution, give its NAME instead of street and r | |
| 2. FULL NAME Serold Lee Eve | rett | |
| (a) Residence: No. 2/9 Week 3rd (Usual place of abode) | St., 6 - Ward. If nonresident give city or town and | State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | Siete |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) | , 193 / (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. HEREBY CERTIFY, That I eltended | deceased from |
| (or) WIFE of | ang/3 ,1931,10 ang/7 | 19 1/- |
| 6. DATE OF BIRTH (month, day, and year) July 28, 1929 7. AGE Yeers Months Days If LESS than | to have occurred on the date stated above, at 2.30 pm. | ; death is said |
| 2 // 20 lags hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. | mere as fullows. | Date of onset |
| 9. Industry or business in which | Listera Ryfaulum | 03/3 |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | | |
| D. Date deceased last worked et this occupation (month end spart in this occupation occupation | | - |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of importance: | |
| (State or country) Mary land | Convularon | ax 1-3 |
| 13. NAME 14. BIRTHPLACE (city or town) 15. Characteristics 16. Characteristics 17. Characteristics 18. NAME 19. Characteristics 19. Characteristics | | 0 |
| 14. BIRTHPLACE (city or town) Steet 019 | Name of operation | auloney? |
| 15. MAIDEN NAME Mary Wiland | 23. If death was due to external causes (VIOLENCE) fill in also the following | |
| 15. MAIDEN NAME Mary Weland 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury | , 19 |
| T Th | Where did Injury occur? (Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | e) |
| 17, INFORMANT Quest 3rd St. | Spoon, making majory vocation in introduction, in nome, or in FUDEIU FL | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Likely prings Midal Quy. 181931 | Manner of injury | |
| 19. UNDERTAKER Land Stene Say | 24. Wes disease or injury in any way related to occupation of deceased? | |
| 20. FILED Registrar. | (Signed) Alans Smung (Address) Koren & Cuplan | M.D. |
| | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| The principal cause of death and related causes | | Example II | Zarteria propri |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of cpilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU Cerebral hemorrhage BUREAU | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

PHYSICIANS showd state Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT IN mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

V. S. No. 1

| 1. PLACE OF DEATH COUNTY Where or City Williams or country Ward Williams or country (a) Residence: NO. (bussiphospil should | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|---|
| Length of residence in city or lown where deeth occurred. Length of residence in city or lown where deeth occurred. Length of residence in city or lown where deeth occurred. (a) Residence: No. (bias placed abode) St., Ward. If nonresident give city or lown and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, ONLYORGE General word) So. If married, widowed, or discreted (for) Wife of Orall Williams (page) 1. DATE OF BIRTH (month, dey, and year) 7. AGE Veers Months Days 1. ILESS then or min. 8. Irrade, profession, or particular min. 9. Solver, Bloome Fight, etc. 9. Solver | 1. PLACE OF DEATH | (3) |
| Length of residence in city or lown where deeth occurred. Length of residence in city or lown where deeth occurred. Length of residence in city or lown where deeth occurred. Length of residence in city or lown where deeth occurred. Length of residence in city or lown where deeth occurred. Length of residence in city or lown where deeth occurred. (a) Residence: No. Length of residence in city or lown where deeth occurred. (b) Length of the low long in U.S. It of freign birth? The low long in U.S. It of freign birth? Length of residence in city or lown and State PERSONAL AND STATISTICAL PARTICULARS S. It was a constant of the low long in U.S. It of freign birth? S. It was a constant of the low long in U.S. It of freign birth? Length of residence in city or lown and State PERSONAL AND STATISTICAL PARTICULARS S. It was a constant of the long birth of t | County allegam. | PORATE LIMITS Registration Dist. No. 4 |
| Length of residence in elly or fown where deeth occurred. (if death occurred in a hospital institution of the land of the country of the land occurred in a hospital institution of the land occurred in a hospital institution of the land occurred in the land of the land occurred in the land occurred in U.S. It of Greign birth? (if death occurred in U.S. It of Greign birth? (if of Order of Death occurred in U.S. It of Greign birth? (if of Order of U.S. It of Greign birth? (if of Order of U.S. It of Grei | Village or City Las A L WITHIN CON | No allease Holks & Ward |
| 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (e) Residence: No. (f) Residence: No. (d) Residence: No. (e) Residence: No. (f) Residence: No. (e) Residence: No. (f) Residence: No. (e) Residence: No. (f) Residenc | | death occurred in a hospitation institution give its NAME instead of street and number) |
| (a) Rosidence: ND. (Usualphager abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE DOR DIVORCED (serice) word OR DIVORCED (serice) wo | Length of residence in city or lown where deeth occurredyrsmos. | ds. How long in U. S. If of foreign birth?yrsmosds. |
| Personal and Statistical Particulars | 2. FULL NAME Stripe albert by | ler. |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED Carriefs word) Sa. If married, widowed, or divorced (Go) wife of Golden and Color of Word of Golden and Color of Golden an | | |
| 3. SEX A. COLOR OR RACE Mole White String in windowed, or divorced HUSARD of (or) WHT | | |
| Sa. If merried, victowed, or divorced HUSBAND (Nonth) (Oay) (Year) Sa. If merried, victowed, or divorced HUSBAND (Nonth) (Oay) (Year) Sa. If merried, victowed, or divorced HUSBAND (Nonth) (Oay) (Year) Sa. If merried, victowed, or divorced HUSBAND (Nonth) (Oay) (Year) Sa. If merried, victowed, or divorced HUSBAND (Nonth) (Oay) (Year) Sa. If merried, victowed, or parlicular find of work done, as SPINNE, Actual Collection of the dete steled above, at 1.0 d. m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: SAW MILL, BANK, etc. 10. Data decessed lest worked et this occupation (month) and Spirit in this 40 occupation (month) and Spirit in this 40 occupation (Solato or country) Mark Coulomb (Slato or country) Mark Coulomb (Slato or country) Mark Land Coulomb (Slato or country) Mere did injury occurra in Industry, in HDME, or in PUBLIC PLACE. Menner of injury. Menner of injury. Menner of injury Merried injury occurrad in Industry, in HDME, or in PUBLIC PLACE. (Kaddens) Dela Coulomb (Month) And Country (Specify city or town, country and State) Specify whether injury occurrad in Industry, in HDME, or in PUBLIC PLACE. (Kaddens) Dela Coulomb (Month) And Country (Specify city or town, country and State) Specify whether injury occurrad in Industry, in HDME, or in PUBLIC PLACE. (Kaddens) Dela Countr | | |
| HISBAND OF (or) WIFE OF BIRTH (month, dey, and yeer) 3 - 5 - 18 55 G. DATE OF BIRTH (month, dey, and yeer) 3 - 5 - 18 55 T. AGE Yeers Months Days If LESS then 1 dey | Male White OR DIVORCED (avrice the word) | august 15 th 1931 |
| 8. Trade, profession, or particular kind of work done, as SPINNER. Active blacking blacking side of the detect dauges of importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER. Active blacking blac | HUSBAND of | 22. I HEREBY CERTIFY. That I altended deceased from |
| 6. DATE OF BIRTH (month, dey, and yeer) 3 - 5 - 18 / 5 7. AGE Yeers Months Days If LESS then 1 dey hrs hr | (or) WIFE OI Collegateth | |
| 7. AGE Yeers Months Days If LESS then Idey | 6 DATE OF RIRTH (month dev and veer) 3 - 5 - 1975 | |
| 8. Trade, profession, or particular hand of work done, as STINNER, Latical Blecturing Superior States, 1900/KEPER, etc. 9. Industry or business in which was worked etc. 10. Data deceesed lest worked etc. 11. Total time (yeers) spant in this year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Steta or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (Steta or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Piace Date 19. UNORTTAKER Acident, 1931 19. UNORTTAKER Acidents 19. JAN M. D. M. D. Date of onset Date D | | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Settined Chartering Superior Sawyer, Bolkkeferr, etc. 9. Industry or business in which was done, as SPINNER, Settined Chartering Superior Supe | | ware se follows: |
| SAVYER, BDORKEPER, etc. 9. Industry or business in which work was done, es SILK MILL. 10. Data decessed lest worked et this occupation (month and year) 11. Told time (yeers) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Stel or country) 18. BURIAL, CREMAJION, OR REMOVAL Piace 19. UNDERTAKER 19. UNDERTAK | | Date of onset |
| work was done, es SILK MILL, Statement Column Colum | SAWYER, BOOKKEEPER, etc. Lettred Clectural Sup | bascinoma of left |
| 10. Data decessed lest worked et this occupation (month and spart) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. Date 11. Total time (yeers) spant in his s | 9. Industry or business in which work was done, es SILK MILL, | |
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| Description of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMAJION, OR REHOVAL Place (Address) 19. UNOERTAKER (Address) 10. Dete of. Neme of operation. Neme of operation. What test confirmed diagnosis? Was there an europsy? 20. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oata of injury. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Menner of injury 19. UNOERTAKER (Address) 16. So, specify (Signed) 17. No. specify (Signed) M. D. | this occupation (month and spant in this 1/12 | |
| (Slate or country) 13. NAME Large R. Cey lev | | Other Contributory Causes of importence: |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Steta or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 20. FILED 20. FILED 10. Neme of operetion. Oete of. What test confirmed diegnosis? Was thera an eulopsy? 23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oata of injury. (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE. Menner of injury. Neture of injury. Neture of injury 19. UNOERTAKER (Address) 16. Signed) Neme of operetion. Oete of. What test confirmed diegnosis? Was thera an eulopsy? 23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oata of injury. Neture di injury occurr? Neture of injury 19. UNOERTAKER (Address) 19. UNOERTAKER (Addr | | |
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| 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Sleta or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Signed) 19. UNOERTAKER (Signed) (Signed) Mastricta directopsy: Accident, suicide, or homicide? Oata of injury Where did injury occurrad in INDUSTRY, In HDME, or in PUBLIC PLACE. Menner of injury Neture of injury 24. Was disease or Injury in eny way raletad to occupation of daceasad? If so, specify (Signed) M. D. Mastricta committee diagnosis. Was there are coupsy: Accident, suicide, or homicide? Oata of injury Neture did injury occurrad in INDUSTRY, In HDME, or in PUBLIC PLACE. Menner of injury 19. UNOERTAKER (Signed) M. D. M. D. | 14. BIRTHPLACE (city or town) | |
| 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Oata of injury 19 17. INFORMANT Where did injury occurrad in INDUSTRY, In HDME, or in PUBLIC PLACE. | | |
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| Specify city or town, county and State) 17. INFDRMANT Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date Place Neture of injury 19. UNOERTAKER Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. Menner of injury Neture of injury 19. UNOERTAKER Specify Specify Neture of injury 19. UNOERTAKER Specify Specify Specify Specify Specify Specify 16. Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. Menner of injury Neture of injury 19. UNOERTAKER Specify Specify Specify Specify 19. UNOERTAKER Specify Specify Specify Specify 19. UNOERTAKER Specify Specify Specify Specify Specify 19. UNOERTAKER Specify | O 16, BIRTHPLACE (city or town) | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Menner of injury 19. UNOERTAKER Lowing Stain. Jag 24. Was disease or Injury in eny way raletad to occupation of daceasad? No. 20. FILED 28. 193/ (Signed) Rouse H. Loward M. D. | 11 1 - President | (Specify city or town, county and State) |
| 18. BURIAL, CREMATION, OR REMOVAL Place Jobs Date duy 18, 193' Neture of injury 19. UNOERTAKER Louis Stain, Jag 24. Was disease or Injury in eny way raletad to occupation of daceasad? No. (Address) 20. FILED 28, 193/ (Signed) Russ H. Louis H. Louis M. D. | | Specify whether injury occurred in INDUSTRY, III NOWE, OF IN PUBLIC PLACE. |
| Place Locat Date duy /8, 193' 19. UNOERTAKER Locia Stain, Sup (Address) 24. Was disease or Injury in eny way releted to occupation of daceased? NA If so, specify (Signed) Rouse H. Loward M. D. | 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| 19. UNDERTAKER Louis Stein. Sur 24. Was disease or Injury in eny way raletad to occupation of daceasad? NA If so, specify (Signed) France H. Louis M. D. | Place The brest Date duy 18, 193' | |
| (Address) 20. FILED 29/18, 193/ Hang M.D. (Signed) Rune H. Lower M.D. | Coming Stain Com | |
| 20. FILED ang 18, 1931 Harry M.D. (Signed) Frence H. Lorson M.D. | | |
| 20. FILED | B-212 21/48-20/10/5 | |
| | 20. FILED Registrar. | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | - |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis DURERAN | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago |
| | | • | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred. 2. FULL NAME (a) Residence: No. (busis place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIFFORM MARRIED, WIDOWED, OR DIFFORM MIDOWED, OR | STATE OF MARYLAND— | CERTIFICATE OF DEATH 09031 |
|--|---|--|
| Langh of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? | 1. PLACE OF DEATH | TELIMITS (35E) |
| Langh of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? | County allegan | N CORPORATE Registration Dist. No. |
| Length of residence in city or town where deeth occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. Mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If of foreign birth? yrs. mes. ds. How long in U.S. If the U.S. If | Village or City Guller Land WITT | No. St., Ward |
| 2. FULL NAME (a) Residence: No. // 2 (Usea) place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEZ 4. COLOR OR RACE 5. SINCE MARKED, WIDOWED, OR DESCRIPTION the word) 5a. If married, widowed, or diverged NUSARD of Control of the Marked Nuserial Number of Control o | (If | |
| (a) Residence: No. // (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGN. MARRIED, WIDOWED. OF DESCRIPTION of the word) 3. If married, vidowed, or dwycred (Or) Wife of Word done, as SPINNER, SAN YIEL, BANK, etc. 3. Industry or business in which is said to be a spinner, or min. 3. Industry or business in which is said to be a spinner, or min. 3. Industry or business in which is said to be a spinner, or min. 3. Industry or business in which is said to be a spinner, or min. 3. Industry or business in which is said to be a spinner, or min. 3. Industry or business in which is said to be a spinner, or min. 4. Industry or business in which is said to be a spinner, or min. 4. Industry or business in which is said to be a spinner, or min. 4. Industry or business in which is said to be a spinner, or min. 5. Industry or business in which is said to be a spinner, or min. 5. Industry or business in which is said to be a spinner, or min. 6. Date of BIRTH and related causes of importance: 7. ACE 7. ACE | | To the state of th |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEY 4. COLOR OR ARCE OR DEATH OR | | OL Ward |
| 3. SEX | | |
| S. If married, widowed, or diverged (Month) S. If married, widowed, or diverged (Month) (IDsy) S. If Married, widowed, or diverged (Month) S. If Married, widowed, or diverged (Month) S. If Married, widowed, or diverged (Month) Days If LESS than 1 last saw how a alive on. Low 1 19.3 death is said to have occurred on the data stated above, it is a last to have occurre | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| HUSBAND of Corn Wife of Puchasian 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day. hrs. or min. 11 the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Prince, profession, or perticular kind of work done, as SPINNER, SAWYER, BODOKKEPER, etc. 9. Industry or business in which work was thore, as SILK MILL. 10. Date decaded last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT MALLIA AND AND AND AND AND AND AND AND AND AN | Homale Colored of More word | ang 2 1933/ |
| TAGE Years Months Days II LESS than I day. hrs. or min. I lay. hrs. or min. I lay. hrs. hrs. hrs. hrs. or min. I lay. hrs. hrs. hrs. hrs. or min. I lay. hrs. hrs. or min. I lay. hrs. hrs | HUSBAND of - 1 | |
| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH AND ASSETT AND ASSET | 6. DATE OF BIRTH (month, day, and year) 2 7-1864 | I last saw har alivo on and 1, 193/; death is said |
| Rind of work done, as SPINNER, SAWER, BONKEEPER, etc. 9. Industry or business in which work as done, as SPINNER, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURINF CREMATION, OR RENDUAL 18. BURINF CREMATION, OR RENDUAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Raddress) 20. FILED 10. Pate done as SPINNER, SAW MILL, SAW M | 67 1 25 Iday. hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and yeer) 12. BIRTHPLACE (city or town) (State or country) 13. NAME PARILE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAC CREMATION, DR REMOVAL 18. BURIAC CREMATION, DR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED A. 3., 19. 21. Howey A Country 21. The country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Address) | kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. | Organia Heart Disin |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURING CREMATION, OR REMOVAL 18. BURING CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. To Secrify (Address) 21. To Secrify (Address) 22. The Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 24. Was disease or injury in eny way related to occupetion of deceased? If so, specify (Signed) (Address) | work was done, as SILK MILL. | 342 |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME Pariel Back 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Malle Back (Address) / 2 Class State 18. BURING CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 20. FILED A. 3., 19.31 10. What is confirmed diagnosis? 10. What test confirmed diagnosis? Was there an autopsy? 21. Ideath was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED A. 3., 19.31 MA. C. (Signed) (Address) M. C. (Signed) (Address) M. C. (Address) | 10. Date deceased last worked at 11, Total time (years) | - Tangreen of both |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIN CREMATION, DR REMDVAL 19. UNDERTAKER (Address) 20. FILED 21. INFORMANT (State or country) 22. H death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? 24. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 25. Poeify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 26. Was disease or injury in eny way related to occupetion of deceased? 27. If so, specify (Signed) 28. Was disease or injury in eny way related to occupetion of deceased? 28. Was disease or injury in eny way related to occupetion of deceased? 29. FILED 20. FILED 20. FILED 21. Address) 22. Gadress 23. If death was due to external causes (VIOL ENCE) fill In also the following: 23. If death was due to external causes (VIOL ENCE) fill In also the following: 25. Accident, suicide, or homicide? 26. Date of Injury 27. Nature of injury 28. Was disease or injury in eny way related to occupetion of deceased? 29. If so, specify (Signed) (Signed) M. I. (Address) M. I. (Address) | | Jug. |
| 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURING CREMATION, DR REMDVAL 18. UNDERTAKER (Address) 20. FILED A. 3., 19.31 19. Was there an autopsy? Name of operation. What test confirmed diagnosis? Was there an autopsy? 22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homlcide? Date of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) MR. E (Address) Manner of Injury in any way related to occupation of deceased? (Signed) M. E (Address) (Address) Manner of Injury in any way related to occupation of deceased? (Address) M. E (Address) (Address) Manner of Injury Nature of injury (Signed) M. E (Address) | | Other Coatributory Causes of Importance: |
| 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Laste Back Back Back Back Back Back Back Back | 13. NAME Kaniel Banks | |
| What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, DR REMDVAL 19. UNDERTAKER (Address) 20. FILED 3., 19. 31. Advance of injury (Signed) Registrar. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) | 14. BIRTHPLACE (city or town) | Name of operation Date of |
| Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAN CREMATION, DR REMDVAD 19. UNDERTAKER (Address) 20. FILEDAMA 3., 19.31. Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Signed) (Address) M. E (Address) (Address) (Address) | (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURING CREMATION, DR REMDVAL 19. UNDERTAKER (Address) 20. FILED 3, 19.31 Registrar. Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify city or town, county and State) | 15. MAIDEN NAME Coma Bush | 23. If death was due to external causes (VIOL ENCE) fill In also the following: |
| Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURING CREMATION, DR REMDVAL 19. UNDERTAKER (Address) 20. FILED 3, 19.31 Registrar. Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify city or town, county and State) | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury, 19 |
| Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) 20. FILED 3., 19. 31. Home, or in PUBLIC PLACE. Manner of Injury Nature of injury 15. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Address) M. E. (Address) M. E. (Address) M. E. (Address) M. E. (Address) | (State or country) | |
| 19. UNDERTAKER Cours Stair Jule 24. Was disease or injury in eny way related to occupation of deceased? (Address) 3., 19.31. Howey Hulers (Signed). (Signed) (Address) M. E. | (Address) 1/2 Chase It - Rely | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address) | | Manner of Injury |
| 20. FILED 19 3, 1931 Howe Husers (Signed) (Address) Siece of My M. E. Registrar. (Address) Siece of M. E. | 0 | Nature of injury |
| 20. FILEDALY 3, 1931 Have Husiss (Signed). (Signed). M. E. Registrar. (Address). Siece for the Sund M. E. | | |
| | 20. FILEDANY 3, 1931, Have, Huleiss | (Signed) M. D |
| | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|-------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | 2 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH 09032 |
|---|--|
| A DIAGE OF DEATH | (ma) |
| County allegan WITHIN | OORPORATE LIMITS Registration Dist. No. |
| Village or City | No. Cellagany Drangs, St., Ward |
| Length of residence in city or town where death occurredyrsm | If death occurred in a hospital or institution, give its NAME interest and sumber) s |
| 2. FULL NAME Trang E. Free | 2 0 |
| (a) Residence: No. 25 CW. 3 CM | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DLYORED (write the work) | 21. DATE OF DEATH 2 3 193 (Yaar) |
| 5a. If merried, widowad, or divorcad HUSBANO of | 22. I HEREBY CERTIFY, That I ettended deceased from |
| (or) WIFE of | about July 11,1931 to ang 23 ,1931 |
| 6. DATE OF BIRTH (month, day, end yeer) | I last saw h. El five on any 2 3 , 193/; death is said |
| 7. AGE Yaars Months eys If LESS than 1 day, | to have occurred on the date stated state, at 1.4.5. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 16 ormin. | were as follows: |
| 8. Treda, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | Depricema |
| 9. Industry or business in which work wes done, es SILK MILLY | |
| SAW MILL, BANK, etc. | |
| 10. Oate deceesed lest worked at this occupetion (month and yaer) cocupetion cocupetion cocupetion | |
| 000-1 | Other Cuntributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | Presperal Fristonita |
| E 13. NAME William Davis | - Volta Burning |
| 14. BIRTHPLACE (city or town). | Name of operation Aldrina (2) Oate of |
| | Whet test confirmed diagnosis? Clinical Wes thare en autopsy? N. |
| 15. MAIDEN RAMELITE Bricker | 23. If deeth was due to externel causes (VIOLENCE) fill In elso the following: |
| 16. BIRTHPLACE (city or town) | Accident, sulcide, or homicide? |
| (Stata or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT ((Address) /2 A Laboration of the Color of | Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. |
| 18 BUN A CREMATION, OR REMOVAL | Manner of injury |
| Affectant land Come. Oglo Clarg 16, 193 | Natura of Injury |
| 19, UNDERTAKER Being Stein Thur | 24. Was disease or injury In eny way related to occupation of decaesed? |
| (Address) (Lumberland Hid. | If so, specify |
| 20. FILEDJUG . 25, 19. 3 1, Harvey HUB | (Signed) C Clarke M. D. (Address) / 2.2 Belford Str |
| If more blanks are needed, address State Registra | r, 2411 N. Charles Street, Balaimore, Requesting. U.S. No. 1 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

| The principal cause of death and related causes of importance were as follows: | | | Example II The principal cause of death and related causes Date of onset of importance were as follows: | |
|--|---|-------------|--|------------|
| | | | | |
| Chronic interstitial nephritis | | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | AHPENTYS. | July 5,1927 | Peritonitis | 3 days ago |
| | A second | | | |
| Other contributory ca | nuses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

V. S. No. 1 N. B.

| | / | STATE O | F MAR | YLAND- | CERTIFICATE OF DEATH | 09033 |
|--|---|---------------------------------|--------------|------------------|--|-------------------------|
| : | 1. PLACE OF | | | | RATE LIMITS 59 Registration Dist, No. | L |
| / | | Allegany | TIW. | HIN COM | Registration Dist, No. | <u> </u> |
| | Village or City | Cumberl | and | | No. Memorial Hospital S death occurred in a hospital or institution, give its NAME instead of stre | St.,6-1 Ward |
| | Length of residen | ce in city or town where de | ath occurred | | ds. How long in U.S. if of foreign birth?yrs. | |
| : | 2. FULL NAM | E Eth | el Garl | ick | | |
| | (a) Residence: | No. Loca | st Crov | e. Md all | Lating Co. Ward. | |
| and co | PEDSONAL | L AND STATISTIC | | | U If nonresident give city or too MEDICAL CERTIFICATE OF DEA | |
| 3. | | | | RIED, WIDOWED, | 21. DATE OF DEATH | I B |
| | Female | White | OR DIVORCE | (write the word) | August 15. 1931 | , 193 |
| - | . If married, widowed, | ** | MCT | 1104 | (Month) (Oay) | (Year) |
| | (or) WIFE of | Christe Ga | rlick | | 22. HEREBY CERTIFY, That I et | lended deceased from |
| | DATE OF BIRTH | | a 3 | 2 1800 | Hast saw es alive on aux 15 | 94 / : death is said |
| _ | AGE Years | Months | Days | If LESS than | to have occurred on the date stated above, a9:40 P.M. | , death is said |
| | 39 | 6 | 16 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows: | |
| z | 8. Trade, professio | n, or particuler | | | Misbelis | Oate Sonset |
| PATION | kind of work done, es SPINNER, Housewife | | | rire | | |
| | 9. Industry or bus work was do SAW MILL | ine, as SILK MILL, BANK, etc | | | | |
| 200 | | | 11. Total ti | me (years) | No. | |
| | year) | | Ости | pation | Other Contributory Canses of importance: | |
| 12 | , BIRTHPLACE (city o (State or country | 1 town/ | sylvani | .a | Laiblie Coma | 8-14-31 |
| ER | 13. NAME CE | alvin O'Nei | 1 | | | |
| 13. NAME Calvin O'Neil 14. BIRTHPLACE (city or town) Broadtop City Common (State or country) | | | | tyzem | Ol ledan | te of |
| ER | 15. MAIDEN NAME | Virginia | Wagor | er | 23. If death was due to external causes (VIOLENCE) fill in also the following: | |
| MOTHER | 16. BIRTHPLACE (ci (State or co | ity or town) Broad untry) | top Cit | ,y | Accident, suicide, or homicide? | |
| 17 | .INFORMANT M | EMORIAL HOS | PITAL | ND | (Specify city or town, county a Specify whether injury occurred in INDUSTRY, In HOME, or In PUBL | nd State) LIC PLACE. |
| 18 | BURIAL, CREMATION | N, OR REMOVAL. | Date Au | 4 18 , 1931 | Manner of Injury | |
| 19. UNDERTAKER Louis Stein lay (Address) Combestand md. | | | | md. | 24. Was disease or Injury in any way related to occupation of deceas | ed? No |
| 20 | FILEO CONTRACTOR | 8 ,131 Har | مير 11 | Registrar. | (Signed) Cuiberlance (Address) | (Ingth.o. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

If more branks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise speciments laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Foreman, 10 For many occupations a single word or term on At Home, and children, not gainfully em-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as or intercurrent) affection need not Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state of OCCUPA. statement Exact UNFADING INK-THIS IS A PERMANENT R stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be -WRITE PLAINLY,

ARGIN RESERVED FOR BINDING

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 09035 |
|--|---|
| 1, PLACE OF DEATH | (19) |
| County allegany | Registration Dist. No. 12 |
| Village or City Gilson | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos | |
| 2. FULL NAME Patrica Lee Ish | rist |
| (a) Residence: No. Silmore, mid | St., Ward. |
| (Usual place of a Mode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surject the word) 5a. If married, widowed, or divorced | 21. DATE OF DEATH 20 th (Oay) 193 (Year) |
| 6. DATE OF BIRTH (month, day, and year) March 1 - 1931 7. AGE Years Months Days If LESS than 1 day, hrs. | 1 HEREBY CERTIFY, The I altended deceased from 1931, to aug. 20 a, 1931 I last saw have alive on 1931, to aug. 20 a, 1931; death is said to have occurred on the date stated above at 10 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or parlicular kind of work done as SPINNER | acute Gactio Ententes aug. 1531 |
| SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Dale deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 13. BIRTHPLACE (city or town) 14. Total time (years) spant in this occupation | Other Coutributory Causes of importance: |
| (State or country) | |
| 13. NAME lrcy W. Ghrist 14. BIRTHPLACE (city or town) Plunsylvania (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME Lora Duchworth 16. BIRTHPLACE (city or town) Mary Land (State or country) 17. INFORMANT Percey M Shrift (Address) | 23. If dealh was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Chart and Place orters Curretery Oate aug 22, 19.31 | Manner of Injury |
| 19. UNDERTAKER M. Caichhoin. (Address) Linearing and 20. FILED Cuy 21, 1931 R. J. Stakem | 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D. M. D. |
| Registrar. If more blanks are needed, address State Registrar. | (Address) 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | |
|--|--|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 9-2 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAUTE | July 5,1927 | Peritonitis | 3 days ago |
| | and the second s | | | |
| Other contributory causes of importance: | | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | 1 | | - |

V. S. No. 1

N.B.

| PLACE OF DEATH | 19036 STATE OF MARYLAND |
|--|--|
| County Alleghang | CERTIFICATE OF DEATH, |
| | Registration Dist. No. |
| Village or City Medladd (No. | St.: Ward) (if death occurred in a hospitel or institu- |
| 2FULL NAME William She | enshields and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male While (Write the word) | 16 DATE OF DEATH Quy 9th, 199/ |
| 6 DATE OF BIRTH april 17 1870 | I HEREBY CERTIFY, That I attended the decessed from |
| (Month) (Day) (Year) | that I lest sew h Maiive en |
| 7 AGE | and that deeth occurred on the date stated above, at 12.35 A m. |
| 6 yrs. 3 mos. 1/2/ds. or min.? | The CAUSE OF DEATH * was as follows: Chamic interstition, replacities 2 2 years duration! |
| OCCUPATION (a) Trade, profession or | arterio sclervere enza |
| particular kind of work | |
| (b) General nature of industry business, or establishment in | (Durstion) / yrs. 7 mos. 6 ds. |
| which employed or (employer) | Contributory Muenic Coma |
| 9 BIRTHPLACE (State or country) | Secondary (Duration) vrs. mos. 3 ds. |
| 10 NAME OF PD 101 | (Signed) M. M. D. M. D. M. D. |
| 11 BIRTHPLACE | e aug 10 131 (Address) Midleud Ind |
| OF FATHER (State or country) Seatland | State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother martha Silmore | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER | ients or Recent Residents) At place of deathyrsmosds. |
| (State or Country) 14 THE ASOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (1) 2. W In 1 | Former or usual residence |
| (Informant) The land nd | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Alle A handlemetery dengling, 19.3.1 |
| Filed and 1921 Registrar | 20 UNDERTAKER ADDRESS Navid S. Joul Varlow Md |
| If more branks are needed, address Stete Registrar | , 16 W. Saratoga St., Baito., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many 6) The ques-Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (no er report "Typhoid Pneumonia"); Lobar pneumonia, Bronchappeumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT IC ARGIN RESERVED FOR BINDING

V. S. No. 1

| UPA- | STATE OF MARYLAND— | CERTIFICATE OF DEATH 05037 |
|--------------|--|---|
| F 3 | County Cellegons CORPORATE | Registration Dist. No. 9 |
| 00 Jo | / Village or City | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| 1/ | Length of residence in city or town where death occurredyrs,mos. | |
| statement | 2. FULL NAME Lohn 9. The | A |
| tate / | (a) Residence: No. 68 Bruce | St., Ward. |
| / / | (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| Kact | 3, SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| | or Divorced (Sprite the word) Se. If married, widowed, or divorced | (Month) (Day) (Year) |
| | HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceesed from July 27 1931 to Quy 2 1921 |
| e e | 6. DATE OF BIRTH (month, day, and year) Ten 9-1906 | Plast saw him elive on Ong 2 , 1931; death is said |
| ertificate | 7. AGE Yeers Months Deys If LESS than 1 day, hrs. | to have occurred on the date stated above, etA_m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| of cer | 8. Trede, profession, or particular kind of work done, es SPINNED SAWYER, BOOKKEEPER, etc. | Pulmonay Talaculous Unknown |
| 10 | 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. | |
| 5 | 10. Dete deceased last worked at this occupation (month and yeer) to caupation | |
| instructions | 12. BIRTHPLACE (city or town) + The They | Other Cantributory Causes of importance: - Courflate Sportoneon College |
| ustr | | af the left try |
| See 1 | 13. NAME 14. BIRTHPLACE (city or town) - Assalberg (State or country) | Name of operation |
| | 15. MAIDEN NAME Chrie Krouse. | Whet test confirmed diagnosis? Wes there an autopsy? |
| important. | 16. BIRTHPLACE (city or town) (State er country) | Accident, suicide, or homicide?, 19, Where did injury occur?, 19 |
| very im | 17. INFORMANT Oling Germelt (Address) | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| IS Ve | 18. BURIAL, CREMATION, OR REMOVAL | Menner of Injury |
| | Place My grange an Date My 5. 183/ | Nature of injury |
| HOIL | 19. UNDERTAKER (Address) | 24. Was disease or injury In any way related to occupation of deceased? |
| | of the state of th | (Signed) 7 COM |
| | 20. FILED | (Address) to this of 17d. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example II | |
|---|---------------|
| se of death and related causes re as follows: | Date of onset |
| | 1 week ago |
| ur | 1 week ago |
| | 3 days ago |
| y gaves of importance | |
| y causes of importance: | 1 year |
| y causes of | importance: |

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

| / IME TO | |
|----------|---|
| 7 143 E | - |
| | |

ORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

of certificate.

TION is very important. See instructions on back

Dr.

Mathews

| | | 5 | STATE C | OF MARY | YLAND- | CERTIFICATE | OF DEATH | 02038 |
|--------|---|---|--------------------|--|------------------------------------|---|---------------------------------|------------------------------|
| 1 | | OF DEA | | | | 23) | | V |
| | | | legany | | CORPOR | ATE LIMITS No. Memorial | Registration Dist. No. | |
| | Village | or City | Cumberla | and WITH | IIM COLL | No. Memorial death occurred in a hospital or insti- | Hospital | St., Ward |
| | Length o | f residence in | city or town where | death occurred | | ds. How long in U.S. if | | |
| : | 2. FULL | NAME | Lawre | ence Hal | 1 | | | |
| | (a) Res | sidence: No. | 27 Gr | een Stre | | St., Ward. | If nonresident give city o | or town and State |
| | PERS | SONAL A | ND STATIST | ICAL PARTI | CULARS | MEDICAL (| CERTIFICATE OF D | EATH |
| | sex Male | | or or race lack | 5. SINGLE, MARI OR OIVORCES Sing | (write the word) | 21. DATE OF DEATH | st 7, 1931 | , 193 (Year) |
| 5a. | . If married, t HUSBAND (or) WIFE | widowed, or di of of | vorced | | | 22. I HEREB | Y CERTIFY, That | l attended deceased from |
| 6. | DATE OF BI | RTH (month, d | lav. and year) | October | 2 1893 | Past saw haling elive on | aces 17 | 7, 19.3/; death is sai |
| - | AGE | Years | Months | Days | If LESS than | to have occurred on the date sta | ted above, at 8:15 PM | I. |
| | | 37 | 10 | 5 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEA | ATH and related causes of impo | rtance Date of onse |
| N | kin: | profession, or | e, as SPINNER, | Cook | | P | 10 | 2000 |
| T. | | VYER, BOOKKI y or business | | | | Julieon | iony merci | eurous. |
| CUE | | y or business k was done, a: V MILL, BANK | | Jnemploy | | | | |
| 0 | this | eceased last w occupation (m r) | onth end | | me (years) It in this pation | | | |
| | | | | | pation | Other Contributory Causes of im | portance: | |
| 12 | | CE (city or town r country) | m)Mar | утапа | | Jeel | e E. C. | ://: |
| ER | 13. NAME | | James Ha | all | | varren | aus auc | us. |
| FATHER | | PLACE (city or lete or country) | , | Maryland | | Name of operation What test confirmed diagnosis?_ | | |
| ER | 15. MAIOE | N NAME | Elizat | oeth Smi | th | 23. If death was due to externel c | | |
| MOTHER | 16. BIRTH | PLACE (city or lete or country | town)Ma | aryland | | Accident, sulcide, or homicide? | | ury, 19 |
| 17 | . INFORMANT | | MORIAL H | HOSPITAL MARYLA | | Specify whether injury occurred | (Specify city or town, cou | nty and Stale) PUBLIC PLACE, |
| 18 | | EMATION, OR | | erwate Asse | 9 ,1931 | Manner of injury | | |
| 19 | . UNDERTAK | | ris Ste | in ,9 n | 900 | 24. Was disease or injury in any | way related to occupation of de | oceased? |
| 20 | , FILED | 4 8 | 1931.14 | arvey) | H. Weis Registrar. | (Signed) (Address) 12 | 2 Hotel | , CV M. |
| r. | Math | AVS | If more | blanks are needed, a | | 2411 N. Charles Street, Baltimore, | | re St |

V. S. No. 1

-WRITE PLAINEY

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

WRITE PLAINLY, WITH UNFAUING LINE AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH County Llegary Village or City, Trostforg | 09039 |
| County / allegany | / Registration Dist. No. |
| Village or City Trostfourg | No. Minera Propital St. Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME OVELYN Virginia VV | ansel |
| (a) Residence: No. 77 Hrung | St., Ward. |
| / /(Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) | 21. DATE OF DEATH |
| J. IV. Dingle | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, They attended deceased from |
| (or) WIFE of | /20 19 31 toc/ 34 193/ |
| 6. DATE OF BIRTH (month, day, and year) May 3, 1914 | Hast saw h W alive on /24 193 / death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were as follows: Date of onset |
| kind of work done, as SPINNER, Olevko | Blood steen (mtestion) |
| 9. Industry or business in which | Celine Centerale- |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Data deceased last worked at this occupation (month and spent in this | |
| year) occupation | Other Coutributory Couses of importance: |
| 12. BIRTHPLACE (city or town) | 14-1 |
| (State or country) | (Morteon) |
| 13. NAME David , ransel | |
| 14. BIRTHPLACE (city or town) | Name of operational atalian for chain age Date of 12 x 1931 |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Jane U. Clark 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 6 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur? |
| 17. INFORMANT Lawred y Jansel | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. |
| (Address) 77 Khing St Flosiburg | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Meg Cem Date 1/27, 1931 | Nature of Injury |
| 19. UNDERTAKER & Durst | 24. Was disease or injury In any way related to occupation of deceased? |
| (Address) ell triplby and | If so, specify \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| 20. FILED /25 1931 AM.OM Lang Sx | (Signed) M. Olever M. A ane S. M. D. |
| Registrar. | (Address) Friestburg md. |
| If more blanks are needed, address State Revistrar | 2411 N. Charles Street Baltimore Pequettras TI S. No. |



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis RURFAU V. 8 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 3 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 0.7 |

| The state of the s | ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | \mathbf{BY} | PHYSICIAN |
|--|------------|-------|-----|---------|------------|---------------|-----------|
|--|------------|-------|-----|---------|------------|---------------|-----------|

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT IC. ORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ORD. Every item of infor-ARGIN RESERVED FOR BINDING

V. 8. No. 1

| STATE OF MA | RYLAND—C | CERTIFICATE OF DEATH 0904 | .0 |
|--|--|--|---|
| 1. PLACE OF DEATH | | LIMITS / | |
| County Glean | | THIN CORPORATE LIMITS Registration Dist. No. | |
| Village or City Consulter | landal WI | No. Cellegaue Horb St. L | Ward |
| Length of residence In city or town where deaty occurred | | eath occurred in a hospital of institution five its NAME instead of street and nur. | |
| D D D. | In 2/- | the state of the s | |
| 2. FULL NAME Sololie | Man | Divie W | a. |
| (a) Residence: No. (Usualp | lace of abode) | Ward. If nonresident give city or town and St | ate |
| PERSONAL AND STATISTICAL PAR | RTICULARS | MEDICAL CERTIFICATE OF DEATH | COMMISSION OF THE OWNER, WHEN |
| timale. White or or | MARRIED, WIDOWED, BCED (write the word) | 21. DATE OF DEATH 30 ft (Day) | 93 3 / (Year) |
| 5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of | | | |
| (or) WIFE of Educard | failsock | 2. I HEREBY CERTIFY, Thet I attended de | ceased from |
| | 906 | I last saw her alive on access 3 6 Hz 19.31: | ., |
| 7. AGE Yeers Month Deys | 1 2 | to heve occurred on the date stated above, at 14-2 Sam. | |
| 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Deys 8. Trade profession or particular | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importence | |
| at float, protostion, or porticular | 1 | | Date of onset |
| SAWTER, BOOKREETER, Ed. | rome | Syphoil Truel | 5/12/3 |
| 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc | | | |
| - (0) | tel time (yeers) | | |
| | spent in this occupation | Other Contribution Comment in the Contribution of State o | |
| 12. BIRTHPLACE (city or town) | 2 | Other Contributory Causes of importance: | |
| | | | |
| 13. NAME Ward Lur | 99 | | |
| W 14 DIDTIIDI AOF C.S | 44 | Neme of operation Date of | 5 |
| | V V) | Whet test confirmed diegnosis? Westhere an au | opsy? Ala_ |
| 15. MAIDEN NAME 16. BIRTHPLACE (city (r) own) (Stete or country) | uen 1 | 23. If death wes due to external causes (VIOLENCE) fill In also the following: | 10 |
| 16. BIRTHPLACE (city (r / bwn) | 100 | Accident, sulcide, or homicide? Date of Injury Where did injury occur? | , 19 |
| | - R | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC | F |
| | Va. | , | |
| 10. Dollars pice in it in it is in it. | | Manner of injury | |
| | ug 31,19.3.1 | Neture of injury | |
| 20 19. UNDERTAKER COULT DE CA | Tue mal | 24. Was disease or injury in eny way related to occupation of deceased? | |
| 20. FILEDJUG. 31, 1981. Harvey | Hulista Registrar. | (Signed) James 6. The heart of | M. D. |
| If more blanks are noed | | ary N. Charles Street, Baltimore, Requesting T. S. No. 2 | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| ,Hiz | cample I | 0 | Example II | |
|---|---------------------------|------------|--|------------|
| The principal cause of dea of importance were as follows: | th and related causes ws: | | The principal cause of death and related causes of importance were as follows: | |
| Arteriosclerosis | 345 9 9 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | | 9 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | RURA | July5,1927 | Peritonitis | 3 days ago |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

| - | |
|-----|--|
| To. | |
| Z | |
| V2 | |
| > | |

| | Length of rasidance in city or town where daath occurred / / / / / / / / / / / / / / / / / / / | Registration Dist No. No. No. We death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. |
|--------------|--|---|
| | (a) Residence: Np. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) 2003 193 (Yaar) |
| | . If married, widowad, or divorced HUSBAND ot (or) WiFE of | 22. I HEREBY GERTIFY, That I attended daceased f |
| - | DATE OF BIRTH (month, day, and year) AGE Yaars Months Days If LESS than 1 day,hrs. | I last saw h aliva on |
| on back of c | 8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed lest worked at this occupation (month and spent in this | |
| nstruc | BIRTHPLACE (city or town) KASTUNG (State or country) 13. NAME | Othar Contributory Causes of Importance: |
| See in | 14. BIRTHPLACE (city or town) 1 arkely (Stete or country) | Nama of operation Date of Whet tast confirmed diagnosis? Was there an autopsy? |
| important. | 16. BIRTHPLACE (city or town) Sakely (Stata ar country) | 23. If death was due to axternal causes (VIOLENCE) fill in also tha following: Accident, suicida, or homicida?, 19 Where did injury occur?, 19 |
| 17 ery | INFORMANT Thom: The Start Info | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 90 | BURIAL, CREMATION, OR REMOVAL Placa | Menner of Injury Natura of injury |
| TION 19 | UNDERTAKER (Address) | 24. Wes diseesa or injury in any wey related to accupation of deceesad? If so, specify (Signad) |

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| Example 1 EIVE | D | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: SEP 4 193 | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis BURELU V. | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken er," etc., Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day single word or term on

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pncumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telunus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Example: Measles (disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Former or usual residence

If more b.anks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

Registra

20 UNDERTAKER

OF BURIAL

Every item CIANS sho statement

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enworked on may form part of the second statement. additional line is provided for the latter statement; it tion applies to cuch and every person, irrespective ct Never return "Laborer," "Foreman," "Manager," "Dealetc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Salesman. (b)

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> carbolic acid-probably suicide. The n-ture of the injury, approved by Committee on Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory affection valvular heart Nomenclature of the need not be disease;

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1931

hation should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

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| STATE OF MARYLA | AND—CERTIFICATE OF DEATH 09044 |
|--|--|
| 1. PLACE OF DEATH ALLEGANY | |
| Village or City CUMBERLAND WITHIN | CORPORATE LIMITS (19) Registration Dist. No. No. MEMORIAL HOSP ITAL St., 6 / Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) |
| 2. FULL NAME WILLIAM ISER (a) Residence: No. 50 Beddend. | s,mos,ds. How long in U. S. if of foreign birth?yrsmosds. |
| (Usual place of abod | |
| PERSONAL AND STATISTICAL PARTICUL | |
| MALE WHITE SINGLE, MARRIED, VOR DIVORCED (write SINGLE) | |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of | 22. I HEREBY CERTIFY. That I attanded deceased from 1931, to aug 13, 1931 |
| 6. DATE OF BIRTH (month, day, and year) 15-9 7. AGE Years Months Days 18 | I last saw h alive on alive on 2 1 3 1981; death is said to have occurred on the date stated above, at 7 2 m. |
| 7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Detectionset |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which | acute The Colitis and |
| | 198(5) |
| this occupation (month and spant in the year) occupation | |
| 12. BIRTHPLACE (city or town) MARYLAND (State or country) | Other Contributery Causes of importance: |
| 13. NAME WILLIAM E ISER | |
| 13. NAME WILLIAM E ISER 14. BIRTHPLACE (city or town) MARYLAND (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 5 15. MAIOEN NAME MARY PEARL SHIPI | |
| 15. MAIOEN NAME MARY PEARL SHIPI 16. BIRTHPLACE (city or town) WEST VIRGINI (State or country) | Where did injury occur? |
| 17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERIAND MD | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION DR REMOVAL Placa Oate 195 | Manner of injury Nature of injury |
| 19. UNDERTAKER Occión Planto de la (Address), Cambridado | 24. Was diseasa or injury in any way related to occupation of decaasad? |
| 20. FILEO 8/15, 1931. Haway Hu | (Signed) M. D. M. D. Registrar. (Address) Quantum March Luck |
| If more blanks are needed, address ? | State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| E | xample I | ~ | Example II | |
|---|-----------------------|---------------|--|---------------|
| The principal cause of dea of importance were as follows: | th and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | Offin a sour | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | Per 1 100 K | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | TREAD | July 5,1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

Exact statement

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH PHYSICIANS should state ORD. Every item of inforof OCCUPA.

CORRE

| /1. PLACE OF DEATH | (94-a) |
|--|--|
| County allegany | Registration Dist. No. / D |
| Village or City Met Source Mud | No. St., Ward |
| 1/2 | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurred - yrs | mos. 2 / ds How long to U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Profession VI State Sta | St. Ward. |
| (a) Residence: No. 7007, St. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Geal Mark OR DIVORCED (write the word) | , 193 |
| 5a. If marriad, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND OF Gertha Virginia Michels | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Oles. 13, 1864, | I last saw h_um alive on 8-5-, 193/; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 1,13-10,-m. |
| 6) 1 day,h | THE I KINCH AL CAUSE OF DEATH and letated couses of importance |
| 8. Trade, profession, or particular | were as follows: |
| kind of work dona, as SPINNER, Sell Soze | and in Poulous |
| 9. Industry or business In which | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at 0 / 2/ 11. Total time (years) | |
| this occupation (month and spant in this occupation / Sy | 1 |
| het de car | Other Contributory Canses of importance: |
| 12. BIRTHPLACE (city or town) | |
| | |
| 13. NAME Clerked 14. BIRTHPLACE (city or town) | |
| 4 14. BIRTHPLACE (city or town) | Name of operation |
| (State of country) | What test confirmed diegnosis? |
| 15. MAIDEN NAME Satisfy Calclasser 16. BIRTHPLACE (city or town) 16. State or country) | 23. If death was due to external causes (VIOL ENCE) fill In also tha following: |
| 16. BIRTHPLACE (city or town). 1-1 | Accident, suicide, or homicide? Date of Injury 19 |
| S (State or country) Nale | Where did Injury occur? |
| + 1 to Meson | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 17, INFORMANT (Address) | opening microst injury occurred in Industrict, in Home, of in rubelo reade, |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Mil Aovel Date 8 - 8 - 193 | / Nature of Injury |
| (PO A) | |
| 19. UNDERTAKER | 24. Was disease or Injury In any way related to occupation of deceased? |
| (Address) What have had | If so, specify the transfer of the second se |
| 20. FILED 8 / 8 1903 St 97/ 2021/10 | (Signed) M. D. |
| Registrar. | (Address) |

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V. S. No. 1

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| Example I | | Example II | |
|--|---------------|--|---------------|
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| Cercbral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gain les | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ORD. Every item of infor-PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTIV. ARGIN RESERVED FOR BINDING

| Village or C | ityGUMBER | daath occurredyrs,mo | TATION Registration Dist. No. 7. TO TO THE PARTY OF INSTITUTION OF STREET AND AND THE PROPERTY OF THE PARTY | War number) |
|---|---|--|---|-------------------|
| | MATTIE ce: No. CRELL | JORDEN , Y IN MD. (Usual place of abode) | Sty Ward. Crelly Montesident give city by town and | State |
| | AL AND STATIST | ICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| FEMALE | 4. COLOR OR RACE WHITE | S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH AUGUST 2 (Month) (03y) | , 193] (Year) |
| 5a. If married, widow HUSBAND of (or) WIFE of | EUTHER JORD | ĖN, | 22. HEREBY CERTIFY, That I attended JULY 17 1931, to AUG. 2 | , 19 |
| 9. Industry or 1 | | JULY 18 1892 Days It LESS than 1 day, hrs. or min. | to have occurred on the data stated above, at 6:00 mPM. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Toxic Vomiting of Pregnancy Pregnancy about 3 mo. Acute Yellow atrophy of live | Date of ons |
| 10. Date decease this occur year) | L, BANK, atcd last worked at action (month and yor town). WEST. V | 11. Total time (years) spant in this occupation IRGINIA | Othar Contributory Causes of importance: | |
| 13. NAME | WESLEY KEL | r.V. | | |
| 14. BIRTHPLACE | | | Name of operation | 1 |
| (State or | country) WEST | VIRGINIA. | What tast confirmed diagnosis? Was there an a | |
| 15. MAIDEN NAME 16. BIRTHPLACE (State or Address) | country) WEST | VIRGINIA, OSPITAL, | 23. If death was dua to axtarnal causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | g: , 19 |
| 18. BURIAL CREMAT | IONE OF REMOVAL | Date Leng 5 , 193 1 | Manner of injury | |
| 19. UNOERTAKER (Addrass) | 3,193 1 1 | The Tid | 24. Was disease or Injury In any way related to occupation of deceased? If so, spacify (Signed) Hught Reynolds (Addrass) 12 > 5. Chillie H | |

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| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ic Hold 52h n

state infor-OCCUPA 1. PLACE OF DEATH plnous item of County Village or City Every PHYSICIANS Length of residence in city statement 2. FULL NAME (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO' OR DIVORCED (write the PERMANENT EXACTL classified. FOR BINDING 5a. if married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly Davs 7. AGE Months It LESS stated 1 day, 01---8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc... THIS-RESERVED be CCUPATION pe of back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may should ب on 10. Date deceased last worked at 11. Total time (years) spant in this this occupation (month and AGE that year) _____aug occupation instructions NFADING ARGIN 80 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or lown) (Stata or country) mation should be carefully MOTHER important. 15. MAIDEN NAME CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) WRITE PLAIN 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL LION 19. UNDERTAKER No. 1 (Address)

| | CERTIFICATE OF DEATH |
|---|---|
| ATH | (67) |
| egany. | Registration Dist. No. |
| Geraderung | No East Man St Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds. |
| in city or town-whose death occurredyrsmos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| Freshel Do | ray |
| o. Least arrain | - SY/ Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| OLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marie de word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| divorced One of | 22. I HEREBY CERTIFY. That I attended deceased from |
| Cella Ille Zumine | ? , 19 , to , , , , , , , , , , |
| 1, day, and year) april 23- 1889// | liast saw h are alive on and 4 |
| Months Days It LESS than | to have occurred on the date stated above, at &m. |
| 3 /2/ 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| or particular O 10 | Date of onset |
| ona, as SPINNER, Bank Cashee | Gund of remained Dollars |
| as SILK MILL, Bank. NK, etc. | |
| t worked at 11. Total time (years) | |
| (month and 1931 spant in this occupation | Other Contributory Causes of importance: |
| (nwo | |
| John Wilson | |
| or town) | Name of operation |
| (y) West Warania | What test confirmed diagnosis? Was there an au!opsy? |
| Dorothy Barrear | 23. if death was due to external causes (VIOLENCE) fill in also the following: |
| or town) | Accident, suicide, or homicide? |
| try) Intest Vilginia | Where did Injury occur? (Specify city or Two county and State) |
| us, Leslie Afiliny | (Specify city or from county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| OR REMOVAL | Manner of Injury Revolution |
| any Cemetery Date Gling. 7, 193/ | Nature of injury Shot lhrough head |
| 1. Keighbouff | 24. Was disease or Injury in any wey related to occupation of deceased? |
| Imacurating mo. | If so, specify |
| 34 5. Do Solorund | (Signed) I tung to Hooly M.D. |
| Registrar. | (Address) koncourg kid |
| | |

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| Other contributory causes of importance: | | Other contributory causes of importance: | |
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| | | | |

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ARGIN RESERVED FOR BINDING

V. S. No. 1

| 1/4 | , PLACE OF | | TATE C | | | | CERTIFICATE OF DEATH 09648 |
|--------|---|--|----------------------------|----------------|------------------|-------------------------------|---|
| 1 | . PLACE UP | ABT | 00000 | | • | | Registration Dist. No. No. Memorial Hospital St., 6 Ward death occurred in a hospital or institution, give its NAME instead of street and number) 1 ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| | County | ALL | egany | M.A. | | -IN CC | Registration Dist. No. |
| | Village or Cit | ty | mmoei.Ta | ma, wa | ۹ | WITHIN | No. Memorial Hospital St., 6 Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | Length of resid | ence In ci | ty or town where | deeth occurred | | yrsmos | |
| 2 | . FULL NAM | AEJ | ames La | ley, | | | |
| | (a) Residenc | e: No | 12 Hum | abird S | t. | | st., 6- 3 Ward. |
| - | PERSON | A1 AN | D CTATICT | (Usual pla | | | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3 | SEX | | D STATIST | , | | | 21. DATE OF DEATH |
| | Male 4. color or Race White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed | | | | | (write the word) | August 1, 193. 1 (Month) (Oey) |
| 5e. | If married, widowe HUSBANO of | d, or divo | rced | | | | 22 A LUCRERY CERTIES That I head decord for |
| | (or) WIFE of | | | | | | 1 HEREBY CERTIFY, That I attended deceesed from |
| | DATE OF BIRTU (| nonth day | and wass) | T11 7 TF | 0 | 1057/ | I last sey h 24 elive on 92 9 1, 19 31; deeth Is seid |
| | 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Deys If LESS than | | | | 0 | | to have occurred on the date stated above, et 57,57 m. |
| | 80 |) | 0 | 253 | 3 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of Importence |
| 2 | 8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | | | | | 01 | Fracture shall Date of onest |
| 0 | SAWYER, | BOOKKEE | PER, etc | | | | |
| SUPA | 9. Industry or b work wes SAW MILL | usiness in done, es S ., BANK, e | which SILK MILL, etc | | | | |
| 00 | 10. Oete decease this occup year) | ation (mor | nth end | S | pent | e (yeers) in this etion | |
| 12 | BIRTHPLACE (city | or town) | West | Virgin | ni | a. | Other Contributory Canaca of Importance: |
| 16. | (Stete or count | | | | | | Geneal Contustion. |
| ER | 13. NAME | | | | | ~ | |
| FATHER | 14. BIRTHPLACE | (city or to | wn) | | N | | Neme of operation Oete of |
| | (State or o | country) | | Jano | _ | 3 | What test confirmed diagnosis? |
| HER | 15. MAIOEN NAM | 1E | | M | | | 23. If death wes due to externel ceuses (VIQLENCE) fill in elso the following: |
| MOTI | 16. BIRTHPLACE | | wn) (nw | | | | Accident, suicide, or homicide? |
| | (7 | | | | , | | (Specify city or town, county and State) Specify whether jnjury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. | (Address) | | orial H berland | | L _g . | | Specify whether injury secured in ingostar, in nome, or in Poblic Place. |
| 18. | BURIAL CREMATI | ON OR R | ENGYAVE | , | - | | Manner of Injury Motorcycle according |
| | Motore | 1te | Menne | Oete Ch | y | 9.3.19.3. | Neture of Injury |
| 10 | UNOERTAKER . | 1 | Star | . 2 | | | 24. Wes diseese or injury In eny wey releted to occupetion of deceesed? |
| 13. | (Address) | 3 | le | alar. | | Ind | If so, specify |
| 20 | FILEO LINA. | な | 1031, Ha | mer & | 11 | Verss | (Signed) M. O. |
| 20, | 1.10 | | | 1 | 4.8.7 | Registrar. | (Address) Lesfoldstond. |

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Dr. Enfield

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| | | | - Hallelin |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| | PLACE OF DEATH WITHIN CARROOM | STATE OF MARYLAND |
|---|---|---|
| 1 | County County | CERTIFICATE OF DEATH Registration Dist, No. |
| | Village or City Melaternsport | St: Ward) (If death occurred in a hospitul or institution, give its NAME Instead of street and |
| | 2FULL NAME / White A M | number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Mole 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word) | aug (Month) 1 (Day) 1931 (Year) |
| | 6 DATE OF BIRTH | 17 I HEREBY TERTIFY, That I attended the deceased from aug 1 1931. to 2 17 , 1931, |
| | (Month) (Day) (Year) | that I last saw ham alive on any 16 , 1957 , |
| | 7 AGE If LESS than | and that death occurred on the date stated above, at 42, m. |
| | 7 3 yrs. 80s. ds. or min.? | The CAUSE OF DEATH * was as follows: |
| 1 | (a) Trade, profession or particular kind of work | Drewnord |
| 1 | (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion) Q yrs. Q mos 8 ds. |
| | 9 BIRTHPLACE (State or country) | Secondary (Duration) O yrs Q mos Z ds. |
| | 10 NAME OF Martin Lauron | (Signed) Paul St Wilm M. D. Gue 18 13 (Address) Pielment W. 7a |
| | OF FATHER (State or country) 12 MolDEN NAME (State or country) | *State the Piscase Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | of MOTHER NOW OVERY | 10 LENGTH OF RESIDENCE (For liospitals, Institutions, Trans- |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | At place of death yrs ds. ds. In the State yrs ds. Where was disease contracted, |
| | 14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea h? |
| | (Informant) Us Stuga ISO well | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | (Address) Way | 2001 DERTAKER ADDRESS |
| | Filed // S 12/ C/Co (C) Registrar | Golf actions Tuelwork Wo |
| - | If more blanks are needed, addre.s tate Kegistrar | 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more process of the laborer, Farm laborer, Laborer—Coul mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The materia. For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Libbar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, st_ted unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL perdonitis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as cough; or intercurrent) Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7. PHYSICIANS should state Exact statement of OCCUPA. ORD. Every item of raforstated EXACTLY. be properly classified. ARGIN RESERVED FOR BINDING certificate.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R AGE should be

of

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

supplied.

mation should be carefully

V. S. No. 1 20 TION is very important.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

| STATE OF MARTLAND | CERTIFICATE OF DEATH 05050 |
|---|--|
| 1. PLACE OF DEATH | 04 |
| | Registration Dist. No. |
| Village or City Cuntreland | No curred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos | ds. How long in U.S. if of foreign birth yrsmosds. |
| 2. FULL NAME Isving Laurent | li. |
| (a) Residence: No. 615 Mary Band are | St., b Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| Male White Lungle | (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of | 22, I HEREBY CERTIFY, That I attended deceased from |
| (or) WIFE of | Dug 77 193/10 19 |
| 6. DATE OF BERTH (month, day, and year) Left 9, 1920 | t tast saw h |
| 7. AGE Years Months Oays If LESS than | to have occurred on the date stated above, atm. |
| 10 11 8 1 day, hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | Oats of onset |
| SAWYER, BOOKKEEPER, etc. | Howling accidental. |
| 9. Industry or business in which work wes done, as SILK MILL, | lewy 63 |
| SAW MILL, BANK, etc | |
| this occupation (month and spant in this occupation | |
| 12 DADTARD ACE (situations) | Other Contributory Canses of importance: |
| 12. BtRTttPLACE (city or town) (State or country) Mary land | |
| 13. NAME from Laurent | 4 4 4 4 4 |
| 14, BIRTHPLACE (city or town) | Name of operation Oete of |
| (State or country) , Surgues | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Katie H. Kean | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide |
| (State or country) Maryland. | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT & Irving Laurent. | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) 615 ml ave, Dety | |
| 18. BURIAL, CREMATION OR REMOVAL Place At Salvets Compate Clay 20 1931 | Manner of injury |
| P : Date | Nature of injury |
| 19. UNDERTAKER | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) | If so, specify |
| 20. FILED | (Signed) M, D. (Address) Market Court of the |
| Registrar. | " (Audiess) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | i i | | | |
| Other contributory causes of importance: | • | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

BINDING

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| E | xample 1 | | Example II | |
|--|-----------------------|---------------|--|---------------|
| The principal cause of dea of importance were as follow | th and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | 12,772 17 6 7 | July 5, 1927 | Peritonitis | 3 days ago |
| | 1 | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

WRITE

15

V. S. No. 1

Exact

| | PLACE | OF DEAT | Н | | |
|-------------------------|-----------------------------------|--|------------|---|-------------------------|
| | County O | llez | any | *********** | |
| | | 1 | | | |
| Vil | lage or City | dans | com | y (No | |
| | 2FU | LL NAME | | | ••••• |
| 10 | PERSO | NAL AND S | STATISTIC | AL PARTICU | ILARS |
| 3 5 | SEX P | 4 COLOR | OR RACE 5 | SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word | الم الم |
| 6 1 | DATE OF BIR | RTH | - | | |
| | | | 8 | 22 | 131 |
| | | *************************************** | (Month) | (Day) | (Year) |
| 7 4 | GE | VI. | m | os. ds | If LESS than I day hrs. |
| ラ () P () P | usiness, or e which employ | ature of indestablishment yed or (emplo | in yer) | |) |
| 9 E | (State or co | untry) | ms | | |
| | 10 NAME C | 1 1 | J. a | lean | |
| PARENTS | OF FATH (State o | ACE IER r country) | m | 1- | |
| PARE | 12 MAIDEN | 400 | il Pea | N Pal | lous |
| | 13 BIRTHP OF MOTI (State of | | m | 6, | |
| 14 | | mm (| 1 | Lease | EDGE |
| | | resa) χ | one | sure | 5 |

1931 E, Done

8/26

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| St.: Ward) | |
|------------|---|
| ^ | 1 |
| 10. | 8 |
| dlase_ | 1 |

(if death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

| M | EDI | CAL | CE | DTIE | CATE | OF | DEATH | |
|---|-----|------|----|------|------|----|-------|--|
| v | EU | LOAI | | RIIF | CALE | OF | DEATH | |

| 16 DATE OF DEATH | 12, 1931 |
|---|--------------------------------|
| (Month) | (Day) (Year) |
| | attended the deceased from |
| 192, to | , 192, |
| that I last saw hsalive on | ang 22, 193/, |
| and that death occurred on the date st | ated above, atm. |
| The CAUSE OF DEATH * was as follow | |
| Sportaneous a | bortion at |
| | yısmosds. |
| ContributorySecondary | • |
| (Signed) 2. Dec (Duration) (Signed) 1931 (Address) | ylorus M.D. |
| *State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal. | |
| 18 LENGTH OF RESIDENCE (For Hients or Recent Residents) | ospitals, Institutions, Trans- |
| At place of deathyrsmosds. | the Stateyrsmosds. |
| Where was disease contracted, if not at place of death? | |
| Former or usual residence | |
| 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| | , 19 |
| 20 UNDERTAKER | ADDRESS |
| 20 ON DENTANCE | |
| | |

If more bianka are needed, addresa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feath (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

I. PHYSICIANS should state Exact statement of OCCUPA-ORD. Every item of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important.

V. S. No. 1

| STATE OF MARY | AND-CERTIFICA | ATE OF | DEATH |
|---------------|---------------|--------|-------|
|---------------|---------------|--------|-------|

| | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | ORATE LIMITS Registration Dist. No. No. Memorial Hospital St., 6—/ Ward |
| County Allegany CORP | ORATE LIVE Registration Dist. No. |
| | If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrsmo | ds. How long in U. S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Stullborn of | aryre (swn "1.) |
| (a) Residence: No. 19 Bellevue St., (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single | 21. DATE OF DEATH August 29 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY That ettended deceased from |
| 6. DATE OF BIRTH (month, day, and year) August 29, 1931 | Hast saw Jun Sies on aug. 290, 1931; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs ormin. | THE I KINCH AL CAUCE OF DEATH and I created observe of importance |
| 8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. | Gulanterine death 8-15-31 |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 1D. Date deceased last worked el this occupation (month and year) congration | |
| 12. BIRTHPLACE (city or town) Maryland (State or country) | Other Contributory Causes of Importance: |
| | - (h) |
| 14. BIRTHPLACE (city or town) Maryland | Name of operation None Date of |
| (State of Country) | What test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy? |
| 15. MAIDEN NAME Hazel Welsh 16. BIRTHPLACE (city or town) Maryland | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Maryland (Stete or country) | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT MEMURIAL HOSPITAL (Address) CUMBERLAND, MARYLAND | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL Place Bull Hill Pa Dete Aug 31 1931 | Manner of Injury |
| 19. UNDERTAKER John.C. Wolford (Address) Cumberland, Md | 24. Wes disease or injury in any wey related to occupation of deceased? 16 so, specify |
| 20. FILEDange. 31, 1931. Hawey Hiller's Registrar. | (Signed) WR Hodgey M. D. (Address) Cumberland, Med. |
| If more blanks are seeded, address State Registra | r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I VED | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritts TIP TO ATT TO S | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| - | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|-----|----------------|------------|----|-----------|
|------------------|-----|----------------|------------|----|-----------|

| | | . 1 + | |
|--|--|-------|--|
| | | | |
| | | | |

ARGIN RESERVED FOR BINDING

V. S. No. 1

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| | | | | OF M | | | CERTIFICATE OF DEATH | 9654 |
|-------|--|---|----------------|----------------------------|--------|----------------------------------|--|------------------------|
| 1. | PLACE OF | | | | | THIN CORP(| DRATE LINE | |
| | County | | - | | | HIN COKE | Registration Dist. No. | |
| | | | umber | | | (1 | death occurred in a hospital or institution, give its NAME instead of street and nur | |
| 2. | Length of resi | | or town where | death occu | Bo | yrsmos | Raserre Turin #2) | artu |
| | (a) Residen | ce: No. | 19 | as arrived abult arrivered | CVIII | St. | St., Ward. If nonresident give city or town and St | ale |
| | PERSON | IAL AND | STATIST | TICAL F | PARTIC | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3, SI | Male | 4. COLOR Wh | or race | OR D | | (write the word) | 21. DATE OF DEATH August 29 (Month) (Day) | 193 (Year) |
| 5a, I | f married, widow HUSBAND of (or) WIFE of | red, or divorce | ad | | | | 22. I HEREBY CERTIFY That I attended de | ceased fr |
| 6. D | ATE OF BIRTH | (month, day, a | and year) | Augus | st 2 | 9, 1931 | I tast saw him anveon Cours 29 ,1951; | , 19 Ov death is sa |
| 7. A | GE Yea | irs | Months | D | ays | If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, \$2.12 mPM. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| NON | 8. Trade, profes kind of v SAWYER, | | | | | | Intrasterine death | 8-15 |
| CUPA | 9. Industry or work was SAW MIL | business in w s done, as SIL L, BANK, etc | K MILL. | | | | | |
| 00 | 10. Date decease this occu year) | pation (month | ed at n end | 11 | spon | ne (years) tin this pation | The same | , |
| 12. I | BIRTHPLACE (cit | ,, | | Maryl | land | •• | Other Contributory Causes of Importance: | drh |
| ER | 13. NAME F | Robert | G. L | e 2 3 11 1 | 26 | | | |
| 포 | 14. BIRTHPLACE | (city or town | | | | | Name of operation Nove Dete of | - 4. |
| 02 | 15. MAIDEN NA | | Hazel N | Malek | | | What test confirmed diagnosis? | opsy? |
| I - | | | | | | | 23. If death was due to external causes (VIOLENCE) fill in also the following: | in this |
| MOT | 16. BIRTHPLACE | (city or town | n)Nar; | y Lanc | 1 | | Accident, suicide, or homicide? Oate of injury | , 19 |
| 17. 1 | NFORMANT | MEMBR1 | AL HO | | | ND | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC | Ε. |
| 18. I | Plece Bal | | | Date | | 31.1,931 | Manner of injury | |
| | | Tohn | .C.Wol | Lford | | | 24. Wes disease or tnjury in any way related to occupation of deceased? | co |
| 19. l | UNDERTAKER | | rland. | Md | | | tf so, specify | |



Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal eause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 91 | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory eauses of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| the state of the s | | | 1 |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIA | N |
|------------|----------|------|-------------------|---------------|------|-----------------|---|
| TIDDITIONT | DI ILCII | TATA | T. C. POT TETTION | DIZZZZZZZZZZZ | 40 4 | A III A DA CAZA | |

PHYSICIAN PERMANEN BINDING FOR THIS. ARGIN RESERVED UNFADING INK supplied. be carefully

STATE OF MARYLAND—CERTIFICATE OF DEATH state WITHIN CORPORATE 1. PLACE OF DEATH pluods County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long in U. S. if of foreign birth? ______yrs. _____mos.____ Length of residence in city or town where death occurred 2. FULL NAME (Usual place of abode) If nonresident give city or town and State Y. Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OVORTED (wite the word) (Month (Year) 5a. If married, widowed, or divorced HUSBAND of 22. ERTIFY. That I attended deceased from (or) WIFE of 19.31 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than I day, The PRINCIPAL CAUSE OF DEATH and related causes of importance min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date daceased last worked at on II. Total time (years) this occupation (month and spant in this that occupation . instructions Other Cantributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? d MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE 17. INFORMANT plnods very (Address) 50 OF 18. BURIAL, CREMATION, OR Manner of injury CAUSE mation Date_ Nature of injury LION 24. Was disease or injury in any war elated to occupation of deceased? 19. UNDERTAKER (Address) If so, specily 20. FILEDUA Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Corebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— 1. PLACE OF DEATH County ALLEGANY | CERTIFICATE OF DEATH OSI | 056 |
|--|--|-----------------|
| Village or CityCUMBERLAND_MDMEM_ (III Length of residence In city or town where death occurredyrsmos | OR ING. I. HOSPITAL. St., 6 f death occurred in a horpital or institution, give its NAME instead of street and i | |
| 2. FULL NAME DANIEL LOGSDON. | | |
| (a) Residence: No. 136 W 3rd ST CUMBE | RKAND, MD Ward. If nonresident give city or town and | State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE | 21. DATE OF DEATH AUGUST, IO Modified (Dey) | , 193 (Year) |
| 5e. If married, widowed, or divorced HUSBAND ol (or) WIFE of | 22. I HEREBY CERTIFY, That I ettended to the second of the | deceased from |
| 6. DATE OF BIRTH (month, day, and year) NOV 24, T930 7. AGF Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stetled above, et 5; 20 mA. M. The PRINCIPAL CAUSE OF DEATH and releted causes of importance | ; death is said |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which | traunalie herrigilis | July 15 |
| work was done, as SILK MILL, SAW MILL, BANK, etc | the to fall | |
| 12. BIRTHPLACE (city or town) MICHIGAN (State or country) | Other Coutributory Causes of importance: | July 24 |
| 13. NAME WALTER LOGSDON . | | - |
| 13. NAME WALTER LOGSDON 14. BIRTHPLACE (city or town) | Neme of operation Data of What test confirmed diagnosis? Wes there an e | eutopsy? |
| 15. MAIDEN NAME LUCILLE LABELL 16. BIRTHPLACE (city or town) CAMADA (Stata or country) | 23. If death was due to external causes (VIOLENCE) fill in also tha following Accident, suicida, or homicide? Dete of injury Where did injury occur? | g: , 19 |
| 17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND. MD. | (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | ACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Borngans Ville Date Cy. 11, 1931 | Manner of Injury | |
| 19. UNDERTAKER And 6 House of Marie 19. UNDERTAKER AND 19.31 House of Marie 19.31 House 19.31 House 19.31 House 19.31 House 19.31 House 19.31 House 19.31 Ho | 24. Was disaase or injury In eny wey related to occupation of deceased? If so, specify (Signad) | |

If more blanks are needed, address State Resistrat, 2211 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonilis | 3 days ago |
| BUREAU V. S. | 1 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| | CERTIFICATE OF DEATH 05057 |
|--|--|
| | Registration Dist. No. No. New Hampshire Ave. St., 6-2 Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? ds. ds. |
| 2. FULL NAME Lawrence L. Lueck. (a) Residence: No. New Hampshire Ave. (Usualplace of abode) | St., 6-2 _{Ward} . If nonresident give eity or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Widowed | 21. DATE OF DEATH Aug. 8 (Month) (Day) (Year) |
| 5a. If married, widowed, or diverged HUSBAND of (or) WIFE of Bertles, E. Lucke, | 22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19 |
| 6. DATE OF BIRTH (month, day, and year) 7 1845 7. AGE Years Months Days If LESS than | I last saw h alive on about, 19; death is said to have occurred on the date stated above, at 3Am. |
| 86 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, Laborer (Retire SAWYER, BOOKKEEPER, etc. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset (Accidental) |
| 9. Industry or business in which work was done, as SILK MILL, B. & O. R.R. SAW MILL, BANK, etc | from clothing catching fire, from moketing the cigar, in bed. Cw. F. P. |
| 12. BIRTHPLACE (city or town) Germany (State or country) | Other Contributory Causes of importance: Was probably smoking in bed. |
| 置 13. NAME Unknown | |
| 14. BIRTHPLACE (city or town) Unknown (State or country) | Name of operation Date of Date of Date of |
| # 15. MAIDEN NAME Unknown | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) Unknown (State or country) | Accident, suicide, or homicide? Accident Date of Injur 8/8, 1931 Where did injury occur? Home |
| 17. INFORMANT Frank J. Weber (Address) Cumberland, Md. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Home |
| 18. BURIAL, CREMATION, OR REMOVAL Place S.S.P.& P. Cem. Date Aug. 10,, 19. 33 | Manner of injury Burned to death. Nature of injury Probably smoking in bed. |
| 19. UNDERTAKER Cumberland, Md. | 24. Was disease or injury in any way related to occupation of deceased? If so, specify |
| 20. FILEDUA 10, 1931. Harvey HUEris Registrar. | Signed Local Registrar of Vital Statistics, |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephrilis Sir | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BURE | نست | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

20. FILED

FOR BINDING

ARGIN RESERVED

09058

| 59 | | C | 7 |
|--|---------------------|--|-------------------|
| | Registration | Dist. No | |
| ND. death occurred in a horpital or insti | | St., 1E instead of street a yrs. | |
| Lutey | | | |
| St., Ward. | If nonresiden | it give city or town | and State |
| MEDICAL | CERTIFICAT | E OF DEATH | ł |
| 21. DATE OF DEATH | 0 | 2 | 9 - , |
| 4 | (Month) | (Day) | (Year) |
| 22. I HEREB | Y CERTIF | Y Shat I attend | led deceased from |
| I Jast saw h & alive on | I Wa | 17 /3 | / |
| to have occurred on the date sta | tadahan at o | P | ; death Is said |
| The PRINCIPAL CAUSE OF DEA | | ises of Importance | |
| were as follows: | | | Date of onset |
| 01 | - 4 | | |
| Jan aren | I feet | 116 | 1-200 |
| | - July | 100 | 0.111.3 |
| | | | |
| Other Contributory Causes of Im | nortance: | | |
| / | | | |
| heabelis. | Insan | uly. | 34 |
| | | | |
| Name of operation | | Date o | f |
| What test confirmed diagnosis?. | | Was there | an autopsy? |
| 23. If death was due to external c | auses (VIOL ENCE) | fill in also the follow | wing: |
| Accident, sulcide, or homicide? | | Date of injury | , 19 |
| Where did injury occur? | | | |
| Specify whether injury occurred | in INDUSTRY, In H | OME, or in PUBLIC | State) PLACE. |
| | •••• | | ********** |
| Manner of injury | ************ | | |
| Nature of injury | | | |
| 24. Was disease or injury in any | way related to occu | pation of deceased? | |
| If so, specify | Shall | X | 1., |
| (Signed) // Club | Euff o | Jane V | M. D. |
| (Address) | JIM | way | ma |

Registrar

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| Example | I | | Example II | |
|---|----------------|---------------|--|---------------|
| The principal cause of death and of importance were as follows: | related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | E AS MEDITE | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | man Vis | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of impo | ortance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

PHYSICIANS should state Exact statement of OCCUPA-ORD. Every item of WITH UNFADING INK-THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. FOR BINDING ARGIN RESERVED B.—WRITE PLAINLY,

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 02059 |
|---|---|
| 1. PLACE OF DEATH | (13-7) |
| County allegary | Registration Dist, No. |
| Village or City Longroung | No. St., Ward |
| Length of residence In city or town where death occurred 52 yrs | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds. |
| 2. FULL NAME It annah Londer | |
| (a) Residence: No. Douglas, There | St., Ward. |
| (d) Residence, No. (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 7. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of | 22, I HEREBY ERTIFY, That I attended deceased from |
| (or) WIFE of | ang 29th 1931 to any 30th 1931 |
| 6. DATE OF BIRTH (month, day, and year) 1872 | I last saw Jer elive on any 300 , 1931; death is said |
| 7. AGE Years 39 Months Days If LESS than | to have occurred on the date stated above, a 3.20 Pm. |
| 58. 1 25 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | ausza |
| 9. Industry or business in which work wes done, es SILK MILL | Descritty |
| SAW MILL, BANK, etc | J T |
| this occupation (month and spant in this occupation occupation | |
| manufacture and and for the | Other Coutributory Causes of importence: |
| 12. BIRTHPLACE (city or town) IN any land (State or country) | |
| 13. NAME Patrick & wden | |
| 13. NAME Patrick Type 14. BIRTHPLACE (city or town) | Name of operation Oate of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? No |
| 15. MAIDEN NAME Sarah Houghton 16. BIRTHPLACE (city or town) English | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| [16. BIRTHPLACE (city or town) any land | Accident, suicide, or homicide? Date of injury, 19 |
| ≥ (State or country) | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Mrs. Thos. Winn | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Lonaconing 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place St. Marys Cemetapate Sept 2, 1931 | Nature of injury |
| 19. UNDERTAKER M. Eichhoun | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Longrousing mid | if so, specify Am Corrupt |
| 20. FILEO JII 3/ , 19 2 Von Florund. | (Signed) M. D. (Address) Midland M. D. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral homorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | Blancot ne paret de les Essit | |

V. S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|---|---|
| County allegany | CERTIFICATE OF DEATH |
| 8,0 | Registration Dist. No. |
| Village or City Will (No | St.: Ward) (If death occurred lead hospital or institution, give its NAME in stead of street annumber.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 OATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that 1 last saw how alive on May 192 |
| 7 AGE If LESS than I day hrs. mos. ds. or min.? | and that death occurred on the date stated above, atm |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | hemalure with Englenhold |
| (b) General nature of industry business, or establishment in which employed or (employer) | Contributory (Duration) yrs. mos ds |
| 10 NAME OF FATHER CALL Mackley 11 BIRTHPLACE 11 BIRTHPLACE | Secondary (Duration) (Signed) (Signed) (Address) (Address) (Address) (Address) |
| OF FATHER (State or country) Jone From 12 MAIOEN MAME OF MORHOLO PAME | Stare the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of deathyrsmosds. Where was disease contracted, |
| (Informant) Set Willy | if not at place of death? Former or usual residence. |
| (Address) Like Mid 15 Filed S/H 193/ Ofes Commillar Registrar | Chilos Cemetry md 8/57, 193 |
| | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseiaborer, should be used only when needed. As examples: (a) whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

| | 1PLACE OF DEATH | | Outside of | . 09061 | STATE OF | MARYI AND |
|------|---|-----------------|--|--|---|--|
| | County alle | gany | City Limits | (119) | CERTIFICATE | |
| | may | a porce | - Park. | | Registration | Dist. No. |
| Vi | llage or City Cityle 2FULL NAME | land (N | el miss | Lune & | Nard Ward | (If death occurred is a hospital or institution, give its NAME is stend of street annumber.) |
| = | *0000**** | | | | | |
| - | PERSONAL AND ST | | | | AL CERTIFICATE | OF DEATH |
| 3 | Z 4 COLOR OR | WIDO OR DI | WEO CONTROL OF THE PROPERTY OF | 16 DATE OF DEATH | august | 5 , 193/ |
| = | DATE OF BIRTH | (Write | the word) | 17 A LAEREB | | (Day) (Year) tended the deceased from |
| | A STATE OF BIXTH | Ture | 1 1 , 1931 | July 1 | 3 1981. to | ugust 5 , 1929/ |
| - | | (Month) | (Day) (Year) | that I last saw h | Lalive on | 1911 |
| 7 | AGE | | If LESS than | | red on the date stated | d above, atm |
| | yrs | 1 mos. 2 | 4 ds. or min.? | | terocote | leg |
| 1 | occupation (a) Trade, profession or particular kind of work | -2 | rone | | | × x + 0 × x + 0 × 4 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + |
| - | (b) General nature of indust | try | | \$ 000 000 000 000 000 000 000 000 000 0 | | |
| | business, or establishment in which employed or (employe | | කාක ශ ර ව ශ කර කරන එම ම ව ව වන වන වන කර කර කර කර කර කර කිරීම කිරී | *************************************** | (Duration) | yrs. mos de |
| (9) | BIRTHPLACE (State or country) | no | d | Contributory Secondary | (Duration) | 7 J de |
| - | 10 NAME OF | 1/ 1. | + | (Signed) | R Hodge | L |
| | 11 BIRTHPLACE | N. M. | artice | aug. 5 1981 | (Address) Cours | buland, po |
| ENTS | OF FATHER (State or country) | h | 10 | *State the I Violent Causes, st Accidental, Suicidal | is-ase Causing Death, tate (1) Means of li | or, in deaths from njury and (2) Whether |
| PAR | OF MOTHER | m. m | iller | 18 LINGTH OF RE | SIDENCE (For Hospi | itals, Institutions, Irn. |
| | 13 BIRTHPLACE OF MOTHER | 10/00 | X1/a | At place of deathyrs | In the | |
| 14 | (State or Country) THE ABOVE IS TRUE TO TH | E BEST OF MY | KNOWLEDGE | Where was disease cont | rscted, h? | |
| | 11111 | 24. M | arti | Former or usual residence | | |
| | (Informant) | herlas | ed mol. | 19 PLACE OF BURIA | P A | aug le 195 |
| 15 | | 31 24 | HISPINA | 20 UNDERTAKER | leveleng - | ABBRESS |
| | Filedung J 192 | TITAMA | Registrai | Thus I | eris suc | Luyberlang |
| | If more b.a | nks are needed, | addre.s Ltate Kegistra | r, 18 W. Saratoga St., | Balto., Reduesting V. | S. I.o. I. Wid |
| | | | | | | 714 |

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Taborer, Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective cf whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Tobar pneumonia, Bronchopaeumonia ("Pneumonia,"

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "(E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; carbolic acid-probably suicide. The nature of the injury, acaident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. CAUSE OF DEATH in plain terms, so that it may be properly c TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

FOR BINDING

ARGIN RESERVED

S. No. 1

b Z

| STATE OF MARYLA | ND—CERTIFICATE OF DEATH 63062 |
|---|--|
| 1. PLACE OF DEATH | (8) |
| County Allegany WIT | HIN CORPORATE LIMITS Registration Dist. No. 4 |
| Village or City Cumberland Will | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred yrs. | mosds. How long in U. S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Stillhorn Ma | stains (Turn #1). |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULA | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI OR DIVORCED (write to | |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 22. I HEREBY CERTIFY. That I ettended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 8/7/31. | I last sew h alive on, 19; death is said |
| | ESS than to have occurred on the date stated above, atm. |
| E CEIME LIVE | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| 9 Trade profession or particular | were as rollows. Date of onset, |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. XXX | Lower Street rully |
| 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. | ou 2 ma are |
| 10. Date deceased last worked et 11. Total time (years | 311 |
| this occupation (month and spent in this year) spent in this occupation | - Colland |
| 12. BIRTHPLACE (city or town) Cumperland, I | Other Contributory Causes of importance: |
| (State or country) | |
| # 13. NAME EdwardsHarrison Martin | |
| 13. NAME Edwards Harrison Martin 14. Birthplace (city or town) Longeoning, Md- (Stete or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 5 15. MAIDEN NAME Mary Helen Kienhofer | |
| 15. MAIDEN NAME Mary Helen Kienhofer 16. BIRTHPLACE (city or town). Cumberland, Mc | |
| (State or country) | Where did Injury occur? |
| 17. INFORMANT & H. Martin (Address) Cumberland M | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BUNNAL CREMATION OR SEMOVAL | Manner of injury |
| Place Date Of - | , 19 |
| 19. UNDERTAKER Memorial Hos | 24. Was disease or injury in eny way related to occupation of deceased? |
| (Address) Cumberland, 7 | if so, specify |
| 20, Furning 7, 1931. Harvey Hills | (Signed) (Address) M. D. (Address) |
| If more blanks are needed, address Sta | ste Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 3 | Example II | 130 |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis DUREAU V. S. | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ARGIN RESERVED FOR BINDING

| ry item of infor- | NS should state | nt of OCCUPA- |) |
|---|--|--|--|
| NT I ORD. Even | LY. PHYSICIAL | l. Exact statemen | |
| HS IS A PERMANE | be stated EXACT | be properly classified | of certificate. |
| ITH UNFADING INK-TH | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |
| N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT IN ORD. Every item of infor- | mation should be carefu | CAUSE OF DEATH in | TION is very important |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 08063 |
|---|--|
| 1. PLACE OF DEATH | WITS (8) |
| County Allegany | AIN CORPORATE LIMITS (8) Registration Dist. No. |
| Village or City WITH | No. No. No. Ward t death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos | |
| 2. FULL NAME Stillborn Mart | in (Furn #2) |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) - 193 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 8/7/31. | I last saw halive on19; death is said |
| 7. AGE Years Months Ways If LESS than | to have occurred on the dato stated above, atm. |
| · Premature or | The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows: |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, | Date of office |
| SAWYER, BODKKEPER, etc | Sulloon |
| work was done, as SILK MILL, SAW MILL, BANK, atc. | (twin # 2) |
| kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and year) occupation | |
| C 0200 0 700 0 | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (Stata or country) | |
| # 13. NAME Edward Harrison Mart | |
| 13. NAME Edward Hurson Mart 14. BIRTHPLACE (city or town) Longer Mad | Name of oparation Date of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Mary Helen Kielhole | 23. If death was dua to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME Many telen kielshofe 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| 17. INFORMANT Memoral Hospital (Address) | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| 18. SHIMAT, CREMATION, OR SELECTAL | Manner of injury |
| Place on al Hospila Data 8 7- 193 | Nature of injury |
| 19. UNDERTAKER Mendial Hospital | 24. Was disease or Injury in any way related to occupation of decaded? |
| 20. FIREDAM, 7, 1931, Harrey H. Weiss | If so, specify (Signed) M. D. |
| Registrar. If more blanks are moded, address State Registrar. | (Address) Andrew No. Charles Street Relatinger Persenting (1) S. No. |

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

. To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, seap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | 7 | Example II | 23200011771050 |
|--|---------------|--|----------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis SEP 5 1931 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU V S | July 5,1927 | Peritonitis | 3 days ago |
| The Theorem States and the States an | 7 | | |
| Other contributory eauses of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ARGIN RESERVED FOR BINDING
TH UNFADING INK—THIS IS A PERMANENT I

V. S. No. 1

| f OCCUP | Village or City Complete Compl | CORPORATE LIMITS Registration Dist., No. No. Rev. 10 Baltanesst., 5 War |
|---------------------------|--|---|
| ct statement o | Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. (Usual place of abode) | death occurred in a hospital or institution, give its NAME instead of street and number) ds, How long in U.S. if of foreign birth? |
| = t | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Exa | 1. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| assifi | a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. ALEREBY CERTIFY That I attended deceased from 1931, to Caco 10 18 |
| 7 | DATE OF BIRTH (month, day, end year) AGE Years Marks Days If LESS than 1 dey, hrs. or min. | I last saw h free fallow on CCCG 10, 1931; deeth is s to have occurred on the date stated above, at S P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fallows: Detection |
| ay be | 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or busins in which were done as SILK MILL | Tile Colite Date of M |
| s, so that it ructions on | SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month and year) | Other Coutributory Causes of importance: |
| See See | 14. BIRTHPLACE (city or town) (State or country) | Name of operation |
| DEATH in p ry important. | 7. INFORMANTLEMA White | 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? |
| E.E. | 8. BURIAL, CREMADON, OR REMOVAL Place Processing Compare Processing 11, 19.81 | Manner of injury |
| CAUS | 9. UNDERTAKER LIME Attended Temperature (Address) | 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) |
|) 2 | 0. FILED M. J. 1931. Navey Hilliam Registrar. | (Address) Chabell 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | | Example II | | |
|--|-----------------------|---------------|--|---------------|--|
| The principal cause of dea of importance were as follows | th and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis; | SEP 5 1931 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | RUREAU V. | July,5,1927 | Peritonitis | 3 days ago | |
| | | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

V. S. No. 1

| state UPA. | STATE OF MARYLAND | IN CORPORATE LIMITS 93-C Registration Dist. No. 4 No. 220 Pure St., | 5065 |
|--|---|--|------------------------------------|
| 5 | 1. PLACE OF DEATH | POORATE LIMITS | |
| should of | County Management | Registration Dist. No. | 2 |
| shof | Village or City Control Williams Williams | No. St., (If death occurred in a hospital or institution, give its NAME instead of street an | Ward ward |
| | Length of residence in city or town where death occurredyrsn | | |
| YSICIANS | 2. FULL NAME Thomas a Inc | arrens. | |
| SIC | (a) Residence: No. 220 Person | St. 3 Ward. | |
| | (Usual place of abode) | If nonresident give city or town a | THE RESERVE OF THE PERSON NAMED IN |
| Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 2 | 3. SEX 4. COLOR OR RACE OR DIVORCED (write word) | 21. DATE OF DEATH August 15 (Month) (Day) | 1. (Year) |
| X A C T I | 5a. If married, widowed, or divorced HUSBAND of | 22I HEREBY CERTIFY, That I attend | ed deceased from |
| A | (or) WIFE of | Aug. 15, 1931 | 51,19.3.1 |
| | 6. DATE OF BIRTH (month, day, and year) They 29, 1880 | last saw h alive on Aug. 15, 0,19 | death is said |
| stated E properly certificate. | 7. AGE. Years Months Days If LESS than | to have occurred on the date stated above, at 11:55 nP.M. | |
| stated properl ertifica | 51 2 17 1day, h | The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows: | Detections |
| - 2 | 8. Trede, profession, or particular | | Date of onset |
| be of | kind of work done, as SPINNER, Mill worker | Chronic Myocarditis | Unkn |
| should it may n back | 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc | | own |
| she it r | O. 10. Date deceased last worked at 11. Total time (years) | | |
| | this occupation (month end spant in this year) | | |
| so th | 12. BtRTHPLACE (city or town) | Other Contributory Causes of importance: | |
| s, s | (State or country) Maryland | Acute Dilatation | Jug 15-31 |
| efully supplied. AGI in plain terms, so tha int. See instructions, | 13. NAME Cleven ME Govern | He continued to the con | |
| sup in te See i | 14. BIRTHPLACE (city or town) | Name of operation Date of | |
| ly S | (State or country) | What test confirmed diagnosis? Was there a | n autopsy? no |
| carefully H in pla ortant. | 15. MAIDEN NAME Margaret This grans | 23. If deeth was due to external causes (VIOL ENCE) fill in elso the follow | ing: |
| | [16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury | , 19 |
| AT m po | (State or country) Mary land. | Where did injury occur? (Specify city or town, county and S | into) |
| should be car OF DEATH very import | 17. INFORMANT Chines Afrique of the control of the | Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC | PLACE. |
| | 18. BURIAL, CREMATION OR REMOVAL | Manner of injury | |
| SE | Place St. Watricks lem Date Mug 18, 193 | Nature of Injury. | |
| mation s CAUSE TION is | 19. UNDERTAKER Low Step (Addiess) | 24. Was disease or Injury in any way related to occupation of deceased? If so, specify | no |
| A | 20, FILED 18, 131 Henry M | (Signed) |).M. D. |
|) | Registrat. If more blanks are needed, address State Registr | ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | ZAGIJ |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| SURVAU V.S | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

| | | 1000 | |
|--|--|------|------|
| | | | |
| | | | |
| | | | |

infor-Jo pluods BINDING properly FOR RESERVED may that

STATE OF MARYLAND—CERTIFICATE OF DEATH WITHIN CORPORATE LIMI OCCUPA 1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a horoital or institution, give its NAME instead of street and number) How long in U.S. of foreign blrth? Length of residence in city 67. 2. FULL NAME (a) Residence: No If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR/RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If marriad, widowad, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Days If LESS than Years Months to have accurred on the date stated above, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance min. Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER, Jo SAWYER, BODKKEEPER, etc. OCCUPAT back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at 0.0 11. Total time (years) this occupation (month and spent in this occupation instructions 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME See Nama of operation plain (State or country) should be carefully What test confirmed diagnosis? Was there an autopsy?_____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury. DEATH 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT very (Address) OF 18. BURIAL, CREMATIDN, DR REMOVAL Manner of Injury WRITE CAUSE mation Nature of injury NOIL 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed). Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | i i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

See instructions on back of certificate.

TION is very important.

V. S. No. 1

infor-

Every item of

| STATE OF N | | CERTIFICATE OF DEATH 09067 |
|--|--|--|
| 1. PLACE OF DEATH | | Registration Dist. No. 4 |
| CountyALLEGANY | | Registration Dist. No. |
| Village or CityGUMBERLAND, | MD. WITHEMORI | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occur | urred yrsmos | |
| 2. FULL NAME | in Nobre | 2 00 1. |
| (a) Residence: NoOAKLAND | sual place of abode) | St., Ward. Oakley word town and State |
| PERSONAL AND STATISTICAL | PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | GLE, MARRIED, WIDOWED, DIVORCED (write the word) | 21. DATE OF DEATH AUG, 16, 1931 |
| 5a. If married, widowed, or divorced | MARRIED | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | | 22. HEREBY CERTIFY, That I attended deceased from |
| CLARA FREELANI | | aug 13 ,1931, 10 aug 16 ,1931 |
| 6. DATE OF BIRTH (month, day, and year) | µn 1865 | I last saw h alive on 19 7; death is said |
| 7. AGE Years Months | Days If LESS than 1 day, hrs. | to have occurred on the date stated above, at _2.; 45 _mA . M . The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | or min. | were as follows: |
| hind of work down on Chiminich | BORER | Divilentle 7 |
| 9 Industry or husiness in which | | sig ment |
| work was done, as SILK MILL, SAW MILL, BANK, etc | 11, Total time (years) | |
| this occupation (month and year) | spant in this | Mille |
| MARVIAND | | Other Coutributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) | | |
| 13. NAME ASHBY MCROBIE | | |
| 13. NAME ASHBY MCROBIE 14. BIRTHPLACE (city or town) MARYLA | AND | Name of operation of for low Date of Comp 14 |
| (State of country) | ANID | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME CLARA FREEI | JAND | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME CLARA FREEI 16. BIRTHPLACE (city or town) | ND | Accident, sulcide, or homicide?, 19, 19, 19 |
| (Otate of county) | PAL | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT | | Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | 8. | Manner of injury |
| Place Takelin & Date | ang 18, 1971 | Nature of injury |
| 19. UNDERTAKER EMPTY Bu | leli | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Outline | d ma | If so, specify |
| 20. FILED 17, 1931 / tana | 7 INVE | (Signed) M. D. |
| (' ' | Registrar. | (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | mple I | Example II | | |
|---|--------------------|---------------|--|---------------|
| The principal cause of death of importance were as follows: | and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | SFP 5 1991 | 1915 | Attack of epilepsy | 1 wcek ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cercbral hemorrhage | RUREAU V. | July 5, 1927 | Peritonitis | 3 days age |
| | | | | |
| Other contributory causes of | importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

ARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK-TIIIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | 93-6 |
| County Oligans A Village or City Conty (16 | Registration Dist. No. |
| Village or City Leave thur | St. Ward |
| 1 1/2 | dean occasion in a solphar of managem, give see 17 31712 matend of street and number) |
| | ds. How long in U.S. if of foralgn birth? |
| 2. FULL NAME Sarah Merrback | h |
| (a) Residence: No. 6 / M. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (aprile the word) | 21. DATE OF DEATH |
| females where windowed | (Month) (Day) (Year) |
| 5a. If marriad, widowed, or divorced HUSBAND of Cor) WIFE of Sheodore Mersbach | 22. 1 HEREBY CERTIFY That I attended decaased from |
| 6. DATE OF BIRTH (month, day, and year) Jan 24 - 1850 | I last saw has alive on 1930, to 1931; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at U. q.m. |
| 8 / 13 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and retated causes of importance ware as follows: |
| 8. Trade, profassion, or particular kind of work done, as SPINNER, | (Cuy car clive Detectorset |
| SAWYER, BOOKKEEPER, etc. | |
| WOLK WAS GOILE AS SIEK WILL, | |
| 11. Total time (years) | |
| O this occupation (month and spant in this occupation coupation | |
| I2. BIRTHPLACE (city or town) | Other Contributory Causes of importance |
| (State or country) | |
| 14. BIRTHPLACE (city or town) | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (Stata or country) may govern country | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Mary Conoyer | 23. If daath was due to axternal causas (VIOL ENCE) fitl In also tha following: |
| 15. MAIDEN NAME Mary Conoger 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homlolde? Dale of injury, 19 |
| (State ar country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT John Mentack (Addrass) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL German Cuthuran | Mannar of Injury |
| Place Data LLLY 8 , 19-3. | Nature of injury |
| 19. UNDERTAKER A Mugael | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) | If so, specify |
| 20, FILED 6, 1931 DEMO. 11 Trane St | (Signad) M. D. |
| Registrar. | (Address) |

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| | Example II | |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street ear | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance: |

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-OCCUPA PLACE OF DEATH should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of rasidence in city or town where death How long to U.S. if of foreign birth? _____ yrs. ____ mos. ___ ds. statement (a) Residence: No. St. . ORD (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) Un PERMANENT 193 / CTL (Month (Day) (Yaar) classified. 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of 4 × B 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Days If LESS than stated The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION -THIS kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. be Jo may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, atc..... INK 10. Date deceased last worked at no 11. Total tima (years) this occupation (month and spant in this AGE that occupation instructions UNFADING Other Contributory Causes of importanca: os 12. BIRTHPLACE (city or town (State or country) supplied FATHER 13. NAME 14. BIRTHPLACE (city or town) in plain (Stata or country) should be carefully What test confirmed diagnosis? Was there an autopsy? MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?_____ Date of injury_____ DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?___ (Specify city or town, county and State) Spacify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, DR-REMOVAL Manner of injury WRITE CAUSE mation _ Date LION Nature of injury 24. Was disease or injury in any way related to occupation of dacaased? 19. UNDERTAKER (Addrass) If so, specify (Signed) 20, FILED Registrar. (Addrass) If more blanks fare needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | - |
| • | | | |

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING

V. 8. No. 1

| | STATE C | F MAR | YLAND- | CERTIFICATE OF DEATH | 7.0 |
|--------------|---|------------------|--|--|------------------|
| | 1. PLACE OF DEATH | | | (15)-c) OFF LIMITS | |
| | County allegan | 1 | | WITHIN CORPORATE LIMITS Registration Dist. No. | + |
| / | Village or City Que | ilend | ud | No. No. St. 6- f death occurred in a hospital or institution, give its NAME instead of street and | Ward |
| | Length of residence in city or lown where | death occurred | | ds. How long to U. S. if of foreign birth?yrs, | |
| | 2. FULL NAME Buh | 1 Tuo | mi | | |
| | (a) Residence: No. | hlun | 1 hud | St., Ward. | |
| | | (Usual place | | If nonresident give city or town and | State |
| | PERSONAL AND STATIST | 1 | | MEDICAL CERTIFICATE OF DEATH | |
| | 3. SEX 4. COLOR OR RACE | | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH | , 193 (Year) |
| | 5a. If marriad, widowad, or divorced HUSBAND of | | | 22. I HEREBY CERTIFY. That I attended | doceaned from |
| | (or) WiFE of | | | aug 12 1931 10 aug. 12 | 19.3./ |
| e. | 6. DATE OF BIRTH (month, day, and year) | ug 12 - | -1931 | liast saw h un aliva on any 120 1931 | .; death is said |
| certificate | 7. AGE Years Months | Days | If LESS than | to have occurred on the date stated above, at | |
| rti | | | I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | Date of onset |
| of ce | 8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | - | | | |
| | kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc | | | how closure bruney | - |
| back | work was dona, as SILK MILL, SAW MILL, BANK, etc. | | | Orule | 1das |
| EO. | 10. Date dacassed last worked at this occupation (month and | 11. Total | time (years) | | T |
| | yaar) | 000 | upation | Other Contributary Causes of importance: | 1 |
| ctic | 12. BIRTHPLACE (city or town) | ual Ho | mulal | | |
| instructions | (State or country) | Many | my | | |
| | 13. NAME | A Ann d | 0- | | - |
| See | 14. BIRTHPLACE (city or town) (State or country) | 2/0 | C 40 | Name of operation Date of | |
| ţ. | # 15. MAIDEN NAME Putte K | eleccu L | Dhoemaloer | What tast confirmed diagnosis? | |
| important. | 15. MAIDEN NAME Putt N | dhed | QL. | Accidant, suicide, or homicide? | |
| lpoi | (State er country) | Pa | | Where did injury occur? | |
| | | | | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| very | (Address) Seamy 4 | | | Mannar of Injury | |
| N is | Piacotriends Cove, To | Date_S | 14 193/ | Nature of Injury | |
| TION | 19. UNDERTAKER & land moores (Addrass) Bedland P | | | 24. Was disease or injury in any way related to occupation of daceased? | |
| | 20. FILED luge 13, 1931. Ha | wey } | Weiss | (Signad) W. K. Owens | M, D, |
| | If more | blanks are meded | Registrar. | (Address) | 4 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | The Contract of the Contract o | Example II | |
|--|--|--|---------------|
| The principal cause of death and related of importance were as follows: | causes Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 5 1 | 1915 | Attack of cyilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| The opposition to the first transfer of the contract of the co | and A process arrived & | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

7 AGE

| Z | ERMAN | t may b |
|-----------------------------|---|--|
| KVED FOR B | C-THIS IS A PI | supplied. ACE si r terms so that it |
| MAKGIN KESERVED FOR BINDING | WRITE PLALY, TH UNFADING INK-THIS IS A PERMAN | Every Item of Information should be carefully supplied. ACE should b CIANS should state CAUSE OF DEATH in plain terms so that it may b statement of OCCUPATION is very important. See instructions on back |
| Σ | MLY, TH | ortate CAUSE OF |
| | WRITE PL | CIANS should statement of OC |

| 0\$071 | |
|--------|--|
|--------|--|

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred In Ward) a hospital or institu-tion, give Its NAME is stead of street and number.)

2FULL NAME

PLACE OF DEATH

County,

Village or City

| PERSONAL | AND | STATISTICAL | PARTICULARS |
|----------|-----|-------------|-------------|
| | | | |

5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH

(Month) (Day)

If LESS than I day hrs. or min.?

(Year)

8 OCCUPATION
(a) Trade, profession or particular kind of work

mos.

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

> 1D NAME OF FATHER 11 BIRTHPLACE

PARENTS OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or Country)

14 THE ABOVE IS TRUE TO THE KNOWLEDGE

15 Registrar

| | MEDICAL | CERTIFICATE | OF DEATH |
|--|---------|-------------|----------|
|--|---------|-------------|----------|

| TO DATE OF BEATH | ung. 9 | 1 ch | , 1931 | |
|---|---------------------------------|----------------------|--|-----|
| \$0.0000.0000.0000.0000.0000.0000.0000. | (Month) | (Day | Year (Year |) |
| 17 I HEREBY C | ERTIFY, That | I attended | the deceased fr | roz |
| that I last saw but | moth | and | 9 4 13 | |
| and that death occurred | on the date | stated above, | | |
| Prolupse | 1 con | L Ca | using | |
| Cisfoli | ypia | | | |
| *************************************** | (Duration) | yrs | | dı |
| Contributory Secondary | ******************************* | ******************** | 94 444488888888888888888888888888888888 | |
| - D- | | yrs | mos, | _d |

(Address) State the Disease Causing Death, or, in deaths from Victoria Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the At place of death ...

Where was disesse contracted, if not at place of death?...

Former or usual residence

PLACE DF BURIAL OR REMOVAL

2D UNDERTAKER

DATE OF BURIAL

If more branks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer—Coal mine, etc. Wom-Locomolive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Exhaustion," "Heart failure," "Haemorrnage, "Shock," "Old Age," "Shock, "Shock," "Affaire Alson use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease (secondary American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Atrophy," "Collapse," Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease " "Coma," "Convulsions, valvular heart disease; etc. The contributory

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions permanently filed.

1931

3

state

1. PLACE OF DEAT

WITHIN CORPORATE LIMITS (82 a OCCUPA should Jo Registration Dist. No. item (If death occurred in a hospital or institution, give its MAME instead of street and number) PHYSICIANS ds. How Jong in U.S. if of foreign piet batement (a) Residence: No. (Usual place If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE MARRIED, WIDOWED, 4. COLOR OR RACE 21. DATE OF DEATH OR DU ORCED (write the word) classified. 5a. If married, widowed, or divorced HUSBAND of U 22. ERTIFY. That I attended deceased from (or) WIFE of 1 certificate. 6. DATE OF BIRTH (month, day, and year) properly stated 7. AGE Months Days If LESS than 1 day, The PRINCIPAL CAUSE OF DEATH and related causes of importance 01.min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ be Jo PAT 9. Industry or business in which work wes done, es SILK MILL, may back should SAW MILL, BANK, etc O. Dato deceased last worked et 11. Total time (years) no this occupation (month end spent in this that occupation __ instructions NEADING 12. BIRTHPLACE (cily or town) (State or country) supplied. plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) (Stete or country) should be carefully What test confirmed diagnosis?_ MOTHER very important. 15. MAIDEN NAME ın 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? DEATH (Stale or country Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT OF (Address Manner of injury WRITE CAUSE mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED Registrar. (Address) If more blanks are negled, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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| Example I | ļ. | Example II | |
|--|---------------|--|---------------|
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| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| | STATE OF MARYLAND | CERTIFICATE OF DEATH |
|---------------------------------------|--|--|
| dh dh | 1. PLACE OF DEATH | DESCRITE LIMITS (92-a) |
| CC | County Aug 10 | WITHIN CORPORATE LIMITS PAGE Registration Dist. No. |
| 0 | Village or City Whitelian | No. St., Ward |
| of | | death occurred in a hospital or institution, give its NAME instead of street and number) |
| ent | 11 - man SMA | ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| statement | 2. FULL NAME TO MAR TOUR | |
| sta | (a) Residence: No. 191, 1910 (Usual place of abode) | If nonresident give city or town and State |
| # | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3. SEX 4. COLOR OR ACE S. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH ALLO 12 |
| | male White married (with the word) | (Month) (Day) (Yaar) |
| fied | 5a. If married, widowed, or divorged HUSBAND of | |
| classified | (or) WIEE of Cologabile / Municipal | 22 MALY TERFEY CERTIFY. That i attended deceased from |
| | 6. DATE OF BIRTH (month, day, and year) Fels 12 7 1868 | Hast saw h. an alive on Ciny 13 1931 : death is said |
| rly | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atn |
| properly | 6361 and 1 day,hrs. | Tha PRINCIPAL CAUSE OF DEATH and related causes of importance |
| g 3 | 8. Trade, profession, or particular | Date of oneet |
| of | kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | Chronice Endo cuelthis libras |
| may | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Jun |
| it r | 10. Data deceased last worked at 11. Total time (years) 7 | (1/319 |
| that | this occupation (month and 1/3) spant in this occupation / // / | |
| erms, so tha instructions | 12. BIRTHPLACE (city or town) | Other Contributory Causes of Importance: |
| s, s | (State or country) | alleghe Cardiac (my) |
| terms, instru | 13. NAME James Munice | artilation 1/31 |
| | 13. NAME Muse Muse | Name of operation |
| plain Se | (State or country) | What test confirmed diagnosis? Was there an au'opsy? |
| EATH in 1 important. | T 15. MAIDEN NAME | 23, If death was due to external causes (VIOL ENCE) fill in also the following: |
| Ort | 16. BIRTHPLACE (city or town) | Accident, suicide, or nomicide? |
| EA7 | (State or country) | Where did injury occur? (Specify city or town, county and State) |
| OF DI | 17. INFORMANT / M JULY DOWNLERY (Address) 73/ May 1 d are | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| OF | 18. BURIAL, CREMATION OR MEMOYAL | Manner of injury Wo |
| SE | Place Westerport MyDate My 19, 19.31 | Natura of Injury |
| CAUSE OF DEATH TION is very import | 19. UNDERTAKER G. S. Butler | 24. Was disease or Injury in any way related to occupation of deceased? |
| OH | (Address) Cambuland med | If so, specify A |
| 1 | 20 Fleding 15 19 31, Harve H. Wei | (Signed) M. D. |
|) | Registrar. | R. (Address) 33 Pa Com |
| | If more blanks are needed, address State Registrar. | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | - 1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| b | 1, | | | |
| - A- | . L | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gostroenteritis | 1 year | |
| | | | | |
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| | | | |
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| | 1 | | |
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| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

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S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration, Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?__ Length of residence in city or town where death ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Year) 5a. If merried, widowed, or divorced HUSBANO of 22 CERTIFY, Jhat I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If YESS than 7. AGE Years Months to have occurred on the dete stated above, et 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. were as follows: Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. -9. Industry or business in which CWEA work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at 11. Total time (years) this occupation (month and spant in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIOEN NAME 23. If death was due to external couses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country Where did Injury occur? _ The des (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Nature of Injury 24. Was diseese or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

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| Causes Date of onset |
|----------------------|
| 1 week ago |
| 1 week ago |
| 3 days ago |
| |
| |
| 1 year |
| |
| _ |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH County 0 plnous Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. If of foreign birth? vrs. mos. Length of residence in city or town where death occurred (a) Residence: No. Ward If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIYORCED (parite the word) (Month) classified. BINDING 5a. If married, widowed, or divorced HUSBANO of 22_ (or) WIFE of (c) certificate. 6. DATE OF BIRTH (month, day, and year) properly If LESS than 7. AGE Years Months Days stated FOR The PRINCIPAL CAUSE OF DEATH and related causes of importance S min. were as follows 8. Trade, profession, or particular THIS kind of work done, as SPINNER, RESERVED pe Jo SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which should CCMP work was done, as SILK MILL SAW MILL, BANK, etc 10. Oate, deceased last worked at 11. Total time (years) spent in this this occupation (month and that occupation ... instructions Other Coutributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME 14, BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?. should be carefully MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following in. DEATH Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE TION, is CAUSE mation Nature of injury 24. Was disease or Injury 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

. 193 2

Date of onset

That I attended deceased from

(Day)

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| | Example II | | |
|---------------|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| 1915 | Attack of epilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5,1927 | Peritonitis | 3 days ago | |
| (| | | |
| | Other contributory causes of importance: | | |
| May 1,1923 | Gastroenteritis | 1 year | |
| | | | |
| | Date of onset 1915 1921 July 5, 1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

| 1PLACE OF DEATH | 09077STATE OF MARYLAND |
|--|--|
| County allegary | CERTIFICATE OF DEATH |
| | Registration Dist. No. |
| Village or City Lldtown (No. | St.: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME Margaret Ro. | Le (Kenno) Rickley number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Jewale White Single, Married, Wildowed. OR DIVORCED (Write the word) | 16 DATE OF DEATH GUGUST (Month) (Day) (Year) |
| Cetober 16 1930 | that I last saw here alive on any 24, 131, |
| (Month) (Day) (Year | and that death occured on the date stated above, at |
| 7 AGE If LESS than I dayhrs. | The CAUSE OF DEATH * was as follows: . |
| yrs. 10 mos. 10 ds. or min.? | Broncho- Onemonia |
| (a) Trade, profession or particular kind of work | |
| (b) General nature of industry business, or establishment in | 70 31 |
| which employed or (employer) | Contributory Caute Gastro-Entereted |
| 9 BIRTHPLACE (State or country) Coldton md | Secondarý (Durstion) yrs mes J.ds. |
| I 10 NAME OF | (Signed) By Jaylovmo. M. D. |
| IL BURTHPLACE | Aug. 28 31 (Address) Pau Pau, W. Va. |
| State or country) John Cuck Ind | Violent Caus, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal, |
| of MOTHER Elepabetto Reckley | 18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or country) Frustling Ind - | At place of death yrs |
| 14 THE SHOVE IS THUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) Olegn. H Heckley | usual readence |
| (Address) Oldtown, And | Reckler Cemetery Kifer Md aug 27 . 1931. |
| 15 Filedaug 27 191 P.a. Fromholt | Walter Haussole attendant Kefer, Md |
| If more b.anks are needed, addrosa State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. I. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Mcver return 'Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, without more precise specification as Day

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage "Puerperal septicaemia," "Puerperal peritonitis," "Debility" ("Congenital," "Scnile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anacmia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for inalignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic affection need not be etc. valvular The contributory heart discase;

If this certificate is looked over thoroughly and all quitions associated and must be obtained before the certificate is permanently fied.

V. S. No. 1

| 1 01 105 0 | | OF MARYLA | | | OF DEATH | 09078 |
|-------------------------------|---|---|--|--|---|-----------------------|
| 1. PLACE C | | WITH! | N CORP | ORATE LIMITS (16) | D. 14 41 D. 14 | 4 |
| / | ALLEGANY | WITHI | N OOT | | Registration Dist. No | |
| Village or | CityCIMBERLA | ND, MD. ME | EMURIA | L. NG.OSPITAI. | tion, give its NAME instead | of street and number) |
| Length of re | sidence in city or town where | death occurredyrs | mos | ds. How long in U.S. if of | f foreign birth?yr | etuiom |
| 2. FULL NA | AME WELAUD | REED 3 | HOUR | Now 2 | | n ar |
| (a) Reside | ence: No. DORCAS | Wa VA (Usual place of abode) | (a) A) | St., Ward. | If nonzesident give city | or town and State |
| | NAL AND STATIST | TICAL PARTICULAR | RS | MEDICAL CE | ERTIFICATE OF D | DEATH |
| MALE | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WILL OR DIVORCED (write the SINGLE) | | 21. DATE OF DEATH AUG, 27 | 7,1931 | , 193 |
| 5a. If married, wido | | 1 0211021 | | out (| (Month) (Oa | y) (KYear) |
| HUSBAND of (or) WIFE of | 1 | | | thu 3 | CERTIFY, That | |
| | 1 | TUDENT | | | 19 to 7 | heepps |
| | (month(Iday, and year) | NOV.29, 1916 | ESS than | to have occurred on the date state | dahove at IO:55m | P.M. (J to |
| 14 | 2 mach | △ Q 1 day, | hrs. | The PRINCIPAL CAUSE OF DEAT | | macl (experto |
| 8. Trade, prot | tession, or particular | 0 or | _ min. | Cicula XII | atation o | N Banona |
| SAWYE | work done as SPINNER, R, BOOKKEEPER, etc | Student | | Altrual. | -alalos | rullisom |
| 9. Industry or work w | businessjin which as done, as SILK MILL, ILL, BANK, etc | | | VIII DE | cathin | of find |
| | ILL, BANK, etc | 11. Total time (years | (3) | F-600-600-6 | | |
| this occ | upation (grétith end | spent in this occupation | · | Tip. | | The |
| 12. BIRTHPLACE (c | | VIRGINIA | | Other Contributory Causes of impo | rtance: in lun | of im |
| ⊞ 13. NAME | A.H.REED | | | disdu | Tros Clian | Chron |
| | CE (city or town) WES | T VIRGINIA | | Wante of operation | | Date of |
| 15. MAIOEN N | AME MERLE A. | JUDY | | 23. If death Mas due to external caus | | Abo following |
| | CE (city or town) WES | T VIRGINIA | | Accident, suicide, or homicide? Where did Thjury occur? | 70.00 | Othe : gniwollot ent |
| 17. INFORMANT (Address) | MEMORIAL HO | | | Specify whether Injury occurred in | (Specify city or lowu, co I INDUSTRY, in HOME, or in | |
| | ATION, OR REMOVAL | Date Dung 30 | 0,1,31 | Manner of injury | | |
| 19. UNOERTAKER _ (Address) | a plant | Ree (| Va | 24. Was disease or injury in any wa | ay related to occupation of d | deceased? |
| 20. FILED | 9.281.31.7 | anny Hil | Veu Registrar. | (Signed) Oth | Hawkey | Tud - |
| | V If more | e blanks are needed, address Stat | CRegistrar, 3 | 111 N. Charles Street, Baltimore, Rec | questing U. S. No. 1. | |

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|--|---------------|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | SEP 10 1801 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BUREAU | July5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes o | f importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |

| ADDITIONAL SPACE FOR FURTHE | R STATEMENTS | BY | PHYSICIAN |
|-----------------------------|--------------|----|-----------|
|-----------------------------|--------------|----|-----------|

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womsary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal felicr (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

lelanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as ChronicExample: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

ż

of OCCUPA.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 00080 |
|---|---|
| 1. PLACE OF DEATH | 210 m |
| County Alledanis | Registration Dist. No. |
| Village or City Dans 16 | No Man The The Word |
| of (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrsmos. | ds. How long in U. S. if of foreigh birth?yrsmosds. |
| 2. FULL NAME Comes / (ic | ~ ; |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DJVORCED (write-the word) | 21. DATE OF DEATH |
| Male Mulo married | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. HEREBY CERTIFY That I attended deceased from |
| (or) WIFE of Mettic / see | Year 22 193/ to Cup 22 1901 |
| 6. DATE OF BIRTH (month, day, and year) Quy 3 - 1868 | Hast saw h. I'm alive on Quy & 2 / 193/ death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above at 12 m - |
| / 3 _ 10 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Trade, profession, or particular | were as follows: |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | |
| 9. Industry or business in which | Themorliage/- |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (month and spant in this | J. 2012 |
| year)occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) | |
| (State or country) | and acadeur. |
| 13. NAME Perry Rece | felt dea regered Just above suble |
| 13. NAME 14. BIRTHPLACE (city or town) | Name of operation. Would them pate of continues |
| (State or country) md | What test confirmed diagnosis? Was there an autopsy? Do |
| 15. MAIDEN NAME Many Town | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 0 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Sugar Alega Date of injury fung 32, 1951. |
| E (State or country) | Where did injury occur? Rear Frost wary allegery a Try |
| 17. INFORMANT Mas Elment 16 | Where did injury occur? ASAA. AMA CANTO (LLEAF MAN, Co. LAT. (Specify city or town, county and State) Specify whether injury occurred in INDISTRY, in HOME, or In PUBLIC PLACE. |
| (Address) Anostre | ouvice fraginary |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury Dulo mobile aspedent |
| Place left gang Con Date Might 193.4. | Nature of injury Cluy - 22 - 1931 - |
| 19. UNDERTAKER THE ACCUSATION | 24. Was disease or Injury in any way related to occupation of deceased? |
| (Address) | If so, specify |
| 20, FILED 1931 25 1931 The one | (Signed) M. D. |
| Registrar. | (Address) Deorthurghthd, |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk,

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal eause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Garnes | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE I | FOR 1 | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------------|-------|---------|------------|----|-----------|
|--------------------|-------|---------|------------|----|-----------|

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT I ORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

X S. No. 1

| STATE OF M | ARYLAND- | CERTIFICATE OF DEATH | 9081 |
|---|--------------------------|---|--------------------|
| 1. PLACE OF DEATH | | Parilahadian Dial Ma | |
| 19 | • | Registration Dist. No. | |
| Village or City Longe | ung, mo | No. St., f death occurred in a hospital or institution, give its NAME instead of street | and number) |
| Length of residence in city or town where death occur | | ds. How long in U.S. if of foreign birth?yrs | |
| 2. FULL NAME Hasold 19 | . Hickory | doon | |
| (a) Residence: No. | ch St. | St., Ward. | |
| | al place of abode) | If nonresident give city or town | |
| (a) Residence: No. Church (but al place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE Make White 3. SINGLE, MARRIED, WIDOWE OR DIVORCED but the wor of (or) WIFE of DATE OF BIRTH (month, day, and year) 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 2. BIRTHPLACE (city or town) (State or country) 13. NAME And | ARTICULARS | MEDICAL CERTIFICATE OF DEAT | Н |
| natala 715 to ORD. | VOICED (swatte the word) | 21. DATE OF DEATH \(\begin{array}{c} 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | , 193 (Year) |
| 5a. If merried, widowed, or divorced HUSBAND of | | 22 I HERERY CERTIEV That Latter | adad dalaasad tram |
| | | 10 au, 822 3 113 Au | 8/22/3/ |
| C DATE OF BIRTH (month day and year) 211 0 A | 6 11 1921 | last saw bear alive on 8-2-19 | : death is said |
| | eys If LESS than | to have occurred on the date stated above, at/13 a_m | |
| - 5 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: | |
| 8. Trade, profession, or particular | | 1. 0 - | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | nl | Choaro Chfaulery | 8-15.3 |
| work was done, as SILK MILL. | | | |
| this occupation (month and | spant in this | | |
| 12. BIRTHPLACE (city or town) Mary (State or country) | land | Other Contributory Canses of importance: | |
| 13. NAME andrew Rich | adam | | |
| <u> </u> | land 1 | Name of operation | |
| (State or country) | -uno | Whet test confirmed diagnosis? Was there | |
| 15. MAIDEN NAME Henrietta 2 | Vallace | 23. If death was due to external causes (VIOLENCE) fill in also the folio | |
| _ | and | Accident, suicide, or homicide? Date of injury Where did injury occur? | |
| 17. INFORMANT Mrs. Andrew / | ichardson | (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC | |
| 18. BURIAL, CREMATION, OR REMOVAL | ing, ma | Manner of injury | |
| 2 1-11/10 | aug 24, 19.31 | | |
| 19. UNDERTAKER M. Coschis (Address) | | 24. Was disease or injury In any wey related to occupation of deceased If so, specify | n uo |
| 20. FILED 924 , 131 2, Oou 1- | forma, | (Signed) E. Oon John | M. D |
| | Registrar. | (Address) | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | r |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis . | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| SEP 8 1931 | | | |
| Other contributory causes of importance: | May 1,1923 | Other contributory causes of importance: | 1 year |
| transcores | May 1,1020 | (not bentitus | 1 year |
| | | | |

| ADDITIONAL SPA | CE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|--------|---------|------------|----|-----------|
|----------------|--------|---------|------------|----|-----------|

| | | | |
|-----|--|--|------|
| | | | |
| | | | |
| | | | |
| 100 | | | |

(M)

| V.S. No. 1 | WRITE mation sh | N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMAN mation should be carefully supplied. AGE should be stated EXAC | WITH sefully s | TH UNFADING INK—THIS IS A PERMAN IS supplied. AGE should be stated EX A C. | RESI NG IN AGE SI | K-TH hould | U Pe | FOR IS A I stated | BIND FERMA EXA | E 30 % |
|------------|-----------------|--|----------------|--|-------------------------|---------------|------|-------------------|----------------------|--------|
| ! | CAUSE | JE DEATH | in plain | terms, so | that it | may | De | brober | y class | 2 |
|) | TION is | TION is very important. See instructions on back of certificate. | ant. Se | e instructi | ons on | back | of c | ertifica | te. | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 09082 |
|--|---|
| Village or City near Compelland City | Registration Dist. No. 1 impits Hilliams Roll-St., Ward |
| Length of residence in city or town where death occurredyrsmos | f death declined in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| (a) Residence: No. A illiand (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended decassed from |
| 6. DATE OF BIRTH (month, day, and year) 7, 1899 7. AGE Years Months Days II LESS than | I last saw half alive on a compared 1. 1931; death is sald to have occurred on the data stated above, lat |
| 3 2 1 dayhrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation | |
| 12. BIRTHPLACE (city or town) 2. 8. (State or country) | Dther Contributory Causes of importance: |
| 13. NAME James a Pressielle 14. BIRTHPLACE (city or town) (State or appetrs) | |
| (State of country) | Name of operation |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causas (VIDLENCE) fill in also the following: Accident, suicide, or homicide? |
| 17. INFDRMANT (Address) | Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR, REMOVAL Place Della Data Day 249 3 | Manner of injury |
| 19. UNDERTAKER Komis Stein Inc. (Address) Combined To | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED Stry 24, 19:31. Have Huse Registrar. | (Signed) M. D. (Ardress) 20.7. Calling St. M. D. |
| If more blanks are needed address State Registrar, | , 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis S . 1431 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BURBAU V.S. | July 5,1927 | Peritonitis | 3 days ago |
| 1 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

laborer, Furm lcborer, Laborer—Coal mine, etc. should be used only when needed. As examples: 'a) additional line is provided for the latter statement; in sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Mever return 'Laborer,'" (Foreman," "Manager," (Deal-3 Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) without more precise specification as Day Cotton mill; (a) Salesman. (b) Gracery; (b) Automobile factory. The material For persons who have no occupation Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect) to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Cuphoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia. Bronchopneumonia *("Pneumonia,")

"Exhaustion," "Heart ranme, "Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease telunus) may be stated under the head of "contributory "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarconac, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepses, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature Recommendations on statement of cause of Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as cough; or intercurrent) Chronic etc. The contributory valuatar affection need heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

RGIN RESERVED FOR BINDING

V. S. No. 1 2 ż

R. JRD. Every item of infor-t. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R stated EXACTLY. properly classified. of certificate. be AGE should be CAUSE OF DEATH in plain terms, so that it may See instructions on back mation should be carefully supplied. TION is very important.

| 1. PLACE OF DEATH County Allegany Village or City Cumberland NITHIN CORPORAT | Registration Dist. No. No. Memorial Hospital St., 5—1 Ward of death occurred in a hospital or institution, give its NAME instead of atrect and number) |
|--|---|
| 2. FULL NAME (a) Residence: No. | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Male White Single Word: Single | 21. DATE OF DEATH August 20, 1931 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from ,19 ,19 ,19 |
| 6. DATE OF BIRTH (month, day, and year) August 20-1931 | I last saw h; death is said |
| 7. AGE Years Months Deys If LESS than 1 day, hrs. or min. | to have occurred on the date stated above, at . S . 2 Q . p. M . The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupetion (month end year) 12. BIRTHPLACE (city or town) (State or country) Maryland | Other Contributory Causes of importance: |
| # 13. NAME Sherman Rose | |
| 13. NAME Sherman Rose 14. BIRTHPLACE (city or town) Pennsylvania (State or country) | Name of operation Oate of Whet test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME Nellie Dammer | 23. If death was due to external ceuses (VIOL ENCE) fill in also the following: |
| 15. MAIOEN NAME Nellie Dammer 16. BIRTHPLACE (city or town) Pennsylvatins (State or country) 17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND, MARYLAND | Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Place Date Aug. 23-1.19-31- | Manner of injury |
| 19. UNDERTAKER John.C. Wolford (Address) Clumberland, Md 20. FILED Registrar. | 24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of dcath and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis BUREAU V. | 3. 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

PHXSICIANS should state RD. Every item of infor-

> stated EXACTLY. properly classified.

of certificate.

be

CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back

mation should be carefully supplied.

B.-WRITE PLAINLY,

ż

V. S. No. 1

AGE should be

of OCCUPA-

Exact statement

| 1. PLACE OF DEATH County ALLEGANY Village or City CUMBERLAND WITHIN CORF | ORATE LIMITS PROPRIETE OF DEATH USUE & |
|---|--|
| Village of City (If | No. MEMORIAL HOSPITAL St., 6 - 1 Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? |
| 2. FULL NAME NELLIE ROSE | |
| (a) Residence: No. BEDFORD VALLEY PENNA (Usual place of abode) | St., Ward. Bedford Valley, Penna. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIE D | 21. DATE OF DEATH Aug 21. 1931 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of SHERMAN ROSE | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, end yeer) July 13.1893 | , 19, to , 19 |
| 7. AGE Years Months Days If LESS than I day, hrs. or | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc. | John and Oate of onset |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Oate deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) Penna (State or country) | Other Contributory Causes of importance: |
| 13. NAME DAMMER A D | |
| 13. NAME DAMMER A D 14. BIRTHPLACE (city or town) PENNA (State or country) | Name of operation australian such page of 8-20-3 What test confirmed diagnosis? Was there an autopsy? Mo |
| 监 15. MAIDEN NAME MINNIE NEAL | 23. If deeth wes due to external ceuses (VIDLENCE) fill In also the following: |
| 15. MAIDEN NAME MINNIE NEAL 16. BIRTHPLACE (city or town) PENNA (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT MEMURIAL HOSPITAL (Address) CIMBERLAND MD | (Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| Place P.O.S. Of A. Date Aug 23. 11931 | Menner of injury |
| 19. UNOERTAKER John.C.Wolford (Address) Cumberland, Md | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED eng22, 1981 Hang later Registrar. | (Signed) J. H. D. Land, M. D. (Address) Limbertand, M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
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| Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL | ADDITIONAL | SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIA | N |
|--|------------|-----------|---------|------------|----|----------|---|
|--|------------|-----------|---------|------------|----|----------|---|

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | | | | |
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state infor 000 should PHYSICIANS statement ORD. Exact PERMANENT CTL classified. BINDING ~ × 囶 properly FOR stated IS -TIIIS ARGIN RESERVED plnous may AGE that 08

certificate back on UNFADING instructions supplied. terms, See plain should be carefully important, in OF DEATH very -WRITE S CAUSE mation B

STATE OF MARYLAND—CERTIFICATE OF DEATH IITHIN CORPORATE 1. PLACE OF DEATH County Registration Dist. No Village or City St. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long to U.S. if of foreign birth?_____yrs-___mos. 2. FULL NAME (a) Residence: No. ual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEAT OR DIVORGED (write the word) (fonth) (Dey) (Year) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dev. and year) death is said 7. AGE Years Months Days If LESS then to heve occurred on the date stated above, et t day hrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence 5 or ____ Onin. were as follows: Date of onset 8. Trade, profession, or perticular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.____ 1D. Date deceased last worked at 11. Totel time (yeers) spent in this_ this occupation (month end year) ____ occupation ... Other Contributory Causes of importance: 12. BtRTHPLACE (city or town (State or country, FATHER 14. BIRTHPLACE (city or town (State or country) What test confirmed diegnosis?. Was there an autopsy?____ MOTHER 15, MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_____ Date of Injury____ 16. BIRTHPLACE (city or town (State or country Where did Injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury. 24. Wes diseese or injury in any way releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needel, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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| BULLAU | 3 | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHE | R STATEMENTS BY PHYSICIAN |
|-----------------------------|---------------------------|
|-----------------------------|---------------------------|

| | PLACE OF DEATH | |
|--|--|---------------------------------|
| / | County (lelyaur) | |
| Vil | lage or City midlaud (No. | |
| | | soci |
| - | PERSONAL AND STATISTICAL PARTICULARS | 1 |
| 3 5 | Lund 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. OR DIVORCED (Write the word) | 16 DAT |
| 6 1 | Caugust 26th, 1930 (Month) (Day) (Year) | that I |
| 7 A | yrs. // mos. 2 4 ds. or min.? | and the |
| Suppose Suppos | a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) | Cont |
| 9 E | (State or country) | See |
| | 10 NAME OF JAMES RUSSILL | (Signed). |
| STN | OF FATHER (State or country) Manyland | vilie |
| PARE | OF MOTHER MANY Striters | 18 LEN |
| | 13 BIRTHPLACE OF MOTHER (State or Country) Manyland | At place of death Where w |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not a |
| | (Informant) Mr. James Russell | Former of usual res |
| | (Address) Midland Md. | P |
| 15 | Filed aug 2/st 193) R 1 Staken | 20 UNI |
| | / Registrar | I IV |

If more branks are needed, address State Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 12

| soll St.: Was | rd) (If death occurred In a hospital or institu- tion, give its NAME ir- steed of street and number.) |
|--|---|
| MEDICAL CERTIFICATE | OF DEATH |
| 16 DATE OF DEATH Quy. | 20th, 193/ |
| | (Year) |
| that I last saw hell alive on a | £ 20 th, 1921. |
| and that death occurred on the date state | above, at // SP m. |
| The CAUSE OF DEATH * was as follows: | |
| auti Fastis | Enteritio |
| 000000000000000000000000000000000000000 | |
| (Duration) | vrs |
| | yleus |
| Contributory Secondary | |
| (Duration) | yrsmos,ds. |
| (Signed) m. An ever | M.D. |
| Cuy 210/923/ (Address) 20 | estand had |
| Vision Causes, state (1) Means of Accidental, Suicidal or Homicidal. | |
| 18 LENGTH OF RESIDENCE (For Hosients or Recent Residents) | pitals, Institutions, Trans- |
| At place In to deathyrsmosds. | he tateyrsds. |
| Where was disease contracted, if not at place of death? | |
| Former or usual residence | *************************************** |
| 19 PLACE OF BURIAL OR REMOVAL | aug 21, 1931 |
| 20 UNDERTAKER | ADDRESS |
| mm Hafle | Freeling his |
| , 16 W. Saratoga St. Balto., Requesting V | . S. No. 1. |

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. Foreman, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ifever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, "(Exhaustion," "Heart failure, Liaemoriusge, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; Never report mere symptoms or terminal condi-Chronic ," "Coma," "Convulsions, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

state infor-OCCUPA should item of County Registration Dist. No. Jo (If death occurred in a pital or institution, give its NAME instead of street and number) PHYSICIANS Every Length of residence In city or _mos.___ds. How long in U.S. if of foreign birth? ... statement Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE-MARRIED, WIDOWED OR DIVORCED (write the Word) CTL BINDING classified 5a. If merried, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. (or) WIFE of 1 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Dav If LESS than to have occurred on the dete stated above at FOR stated 1 day, ... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance min. were as follows: 8. Trade, profession, or particular THIS kind of work dona, as SPINNER RESERVED be of SAWYER, BODKKEEPER, etc. back may 9. Industry or business in which bluods work was done, as SILK MILL, SAW MILL, BANK, etc.____ 1D. Dato deceased lest worked et 11. Total tima (years) this occupation (month and spent in this that occupation instructions NFADING Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied in plain terms. FATHER Name of operation 14. BIRTHPLACE (city or town (State or country) should be carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: DEATH 16. BIRTHPLACE (city or town WRITE PLAINLY (Stata or country) Whera did Injury occur?... (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMAN OF (Address Manner of injury CAUSE - 193 / mation Nature of injury LION 24. Was diseasa or Injury In any way related to occupation of deceasad? (Address) If so, specify

20. FILED

If more blanks are weeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed).

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

That I attended deceased from

Was thera an autopsy?

Date of onset

Mi.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| * | . Jr | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V.S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT I ORD. Every item of infor-

| | Courty Plla | 1111 | | |
|------|---|---|--|-------------------|
| | County County | 1700 | Registration Dist. No. | · <i>U</i> |
| | Village or City | avoy c | No. St. If death occurred in a horpital or institution, give its NAME instead of street | and number) |
| | Length of residence in city or town where | | osds. How long in U.S. if of foreign birth?yrs. | |
| 2 | FULL NAME | 8200 | ers | |
| | (a) Residence: No. | | St Ward. | |
| - | | (Usual place of abode) | If nonresident give city or town | and State |
| | PERSONAL AND STATIST | FICAL PARTICULARS | MEDICAL CERTIFICATE OF DEAT | Н |
| | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Youth) (Oey) | , 193 / (Year) |
| e. | If married, widowed, or divorce HUSBANO of (or) WIFE of | tobone | 22. I HEREBY CERTIFY, That t atter | nded deceased fr |
| e n | DATE OF BIRTH (month, day, end year) | P114 L1/931 | I lest saw h elive on | : death is s |
| | AGE Years Months | Deys If LESS than | to have occurred on line date stated above, et | , ucatii is s |
| | 11/2 | 1 day,hr | The PRINCIPAL CAUSE OF DEATH end related causes of importance | |
| 1000 | 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 1 dormin. | were as follows: Formature Brith | Date of on |
| N A | 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc | Du | 4/2 mo | |
| > | 10. Dete deceesed last worked et this occupetion (month and yeer) | 11. Total time (years) spent in this occupation | July | |
| 2. | BIRTHPLACE (city or town) - ALX | arge ma. | Other Contributory Causes of importences | |
| וא | 13. NAME = 19/ | | T | |
| 王 | 14. BIRTHPLACE (city or town) | 1 | Name of pagration | |
| | (Stete or country) | unich | Neme of operetion | |
| HER | 15. MAIDEN NAME SALA | Perdexo | 23. If death was due to external ceuses (VIOLENCE) fill in also the folk | |
| MOIN | 16. BIRTHPLACE (city or town) | 4 Raynol | Accident, suicide, or homicide? | |
| - | (State er country) | 1 huds | Where did injury occur? (Specify city or town, county and | I S |
| | INFORMANT (Address) Caustas | land mit | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC | C PLACE. |
| 18. | BURIAL, CREMATION OF REMOVAL | A. 4.1 31 | Menner of injury | |
| - | Plece Market | Dete (1114-14,19) | Neture of injury | |
| 19. | UNOERTAKER & NO WILL (Address) | diama mucle | 24. Was diseese or Injury in eny wey related to occupetion of deceased | ? |
| 20. | FILEO (114 21, 1931 19 | Solt flow | (Signed) (Address) (Address) | M |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find of particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallenges | May 1,1923 | Gastroenteritis | 1 year |
| | | • | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

stated EXACTLY. PHYSICIANS should state PHYSICIANS should state ORD. Every item of infor-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT IN mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING certificate. ARGIN RESERVED TION is very important. See instructions on back of

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 09031 |
|---|--|
| 1. PLACE OF DEATH | 3 |
| County Allaners Constant Line | Registration Dist. No. |
| Village or City + KLIP LOTYOG | No. Multal Das Relast. Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred fresh fresh fresh | |
| 2. FULL NAME | my o shaffer |
| (a) Residence: No. Wmalieslin Coad | First Cember and |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 22. i HEREBY CERTIFY, That I attended deceased from |
| (1/1/0 - 1/-193. | tast sew h diverging 19 death is said |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days tf LESS than | t tast sew h, 19, death is said to have occurred on the date states ebove, at |
| 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related couses of importance |
| 8. Trade, profession, or particular | were as follows: |
| kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. | - (-) \ (-) |
| 9. Industry or business in which | |
| work was done, as SILK MILL, SAW MILL, BANK, etc | |
| this occupation (month end spant in this year) | |
| Margare Ida la la | Other Coatributory Caases of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| 13. NAME JUNI STANCE | |
| 14. BIRTHPLACE (city or town) | Neme of operation Oete of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME (OSU) A GICUSA | 23. If death was due to external causes (VIOLENCE) fill in elso the following: |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete of country) | Accident, sulcide, or homicide? Oate of injury |
| 17. INFORMANT AND JONES SHEET | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL | Manner of Injury |
| Place Oate | Nature of Injury |
| A HAPPANANA | 24. Was disease or injury in any way related to occupation of deceased? |
| f9. UNDERTAKER (Address) | If so, specify |
| 15 31 Al. Om Land | (Signed) M.D. M.D. |
| 20. FILED Registrar. | (Address) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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| Example I EIVE | | Example II | |
|--|---------------|--|---------------|
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| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOR FURT | HER STATEMENTS BY PHYSIC | IAN |
|---------------------------|--------------------------|-----|
|---------------------------|--------------------------|-----|

ORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

| 1. PLACE OF BETTH County 1. County | STATE C | OF MARYLAND- | CERTIFICATE OF DEATH | 03030 |
|--|---|------------------------------|--|-------------------|
| Village or City. Length of residence in city or town where death occurred. When the country of | 1. PLACE OF DEATH | 77 | (53) STATE LIMITS | (1 |
| Village or City. Length of residence in city or town where death occurred. When the country of | County of La Cacario | 20 11 | Registration Dist. N | 0. |
| Langth of residence in citygo town where death ocquired yis. Best of the continuous and state of the continuous an | | Sex and the | No. | St. Ward |
| (a) Residence No. 2 9 M. Charge and Sold Swarp II somersident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SIX | | U U | | |
| (a) Residence: No. 1 | Length of residence in city or town where | death occurred yrs, | as. may ring in a saron rangin birthir y | rsamesas. |
| PERSONAL AND STATISTICAL PARTICULARS 3. SET 4. COLOR OR RACE S. SHAGE, MARRIED, WHOMED 3. SHALL PARTICULARS 3. SHALL PARTICULARS 3. SHALL PARTICULARS 3. SHALL PARTICULARS 4. COLOR OR RACE S. SHAGE, MARRIED, WHOMED 3. SHALL PARTICULARS 3. SHALL PARTICULARS 3. SHALL PARTICULARS 4. COLOR OR RACE S. SHAGE, MARRIED, WHOMED 3. SHALL PARTICULARS 4. COLOR OR RACE S. SHAGE, Events 1. SHALL PARTICULARS 3. SHALL PARTICULARS 4. COLOR OR RACE S. SHACE, Events 1. SHALL PARTICULARS 3. SHALL PARTICULARS 4. COLOR OR RACE 1. SHALL PARTICULARS 4. COLOR OR RACE 1. SHALL PARTICULARS 4. COLOR OR RACE 1. SHALL PARTICULARS 5. SHACE, Events 1. SHALL PARTICULARS 6. DATE OF DEATH 1. SHALL PARTICULARS 1. SHALL | 2. FULL NAME AT M | W//faxV/fa | offax ev. | |
| ## ACOUNT OF REACE COLOR OF RACE S. BHACKE, MARKIELD, WHOMESTS Country Countr | (a) Residence: No. 1 | 9 Malon of above | est 3 Ward. | or Iown and State |
| 3. St. Marines, widowed or divorced 6. DATE OF BIRTH (month, law) and year) 7. AGE | PERSONAL AND STATIST | | MEDICAL CERTIFICATE OF | DEATH |
| Sa. It married, withdest or divorced (wonth) (| | S. SINGLE, MARRIED, WIDOWED. | | |
| 59. If married, without and interest of involved his provided his prov | Versula TT. | 774 | | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days IT LESS than 1 to have occurred on the date stated aboys; at 4.3 9 m/m The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: B. Trade, profession, or particulate in the same of operation of work dome, as SPINNER, of the same of the s | 5a. If married, widowed or divorced | 0101 | | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days IT LESS than 1 to have occurred on the date stated aboys; at 4.3 9 m/m The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: B. Trade, profession, or particulate in the same of operation of work dome, as SPINNER, of the same of the s | (or) WIFE of Georges N | a) hax ker | | 7 7 . |
| TAGE Vears Months Days If LESS than Iday. hrs. or min. 8. Trade, profession, or particular SAVER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER. SAWIER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMILL, BARK, etc. 10. Date deceased last worked at in soccupation (State or country) 11. Total time (yeps) spenil in Mis occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMENION, ON TEMPORAL (Address) Date of the Contributory Causes of importance: 18. BURIAL, CREMENION, ON TEMPORAL (Address) Date of next Manner of Injury Nature Office of Injury Nature Office Off | 1 | 1847 | 0 . 6 | 9 |
| 3. Trade, profession, or particular Mind of wink dome as SPINNER, African Commin. 3. Trade, profession, or particular Mind of wink dome as SPINNER, African Commin. 3. Trade, profession, or particular Mind of wink dome as SPINNER, African Commin. 3. Trade, profession, or particular Mind of wink dome as SPINNER, African Commin. 3. Industry or business in which was seen as SILK MILL. 4. Industry or business in which was seen as SILK MILL. 4. Industry or business in which was seen as SILK MILL. 4. Industry or business in which was seen as SILK MILL. 5. Industry or business in which was seen as SILK MILL. 6. Industry or business in which was seen as SILK MILL. 6. Industry or business in which was seen as SILK MILL. 6. Industry or business in which was seen as SILK MILL. 6. Industry or business in which was seen as SILK MILL. 6. Industry or business in which was seen as SILK MILL. 6. Industry or business in which was seen as SILK MILL. 6. Industry or business in which was seen as SILK MILL. 6. Industry or business in which was seen as SILK MILL. 6. Industry or business of importance: 7. Industry or business of importance: 8. Industry or business of importance: 9. Industry or business of importance: 12. Industry or business of importance: 12. Industry or business of importance: 13. Industry or business of importance: 14. Industry or business of importance: 15. Indus | | Days If LESS than | /. | |
| 8. Trade, profession, or particular SAWYER, BOCKKEPER, etc. A A A A A A SAWYER, BOCKKEPER, etc. A A A A A A A A A A A A A A A A A A A | 63 9 | 2 x 2 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of im | portance |
| this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMAZION, OR SEMOVAL Place 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. Specify (city or town) (Signed) 22. FILED 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? 24. Was there an autopay? 25. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) M. E. Registrar. (Address) | 8. Trade, profession, or particular | 1111 | were as follows. | Date of onset |
| this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMAZION, OR SEMOVAL Place 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. Specify (city or town) (Signed) 22. FILED 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? 24. Was there an autopay? 25. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) M. E. Registrar. (Address) | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | TStome. | Cancer of Convinal | sland 1 yes |
| this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMAZION, OR SEMOVAL Place 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. Specify (city or town) (Signed) 22. FILED 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? 24. Was there an autopay? 25. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) M. E. Registrar. (Address) | 9. Industry or business in which work was done, as SILK MILL. | 1 | | ag |
| this occupation (month and occupation occupa | SAW MILL, BANK, etc | 11 Total time (vea/s) | | J. |
| Other Contributory Causes of importance: Other Contributory Causes of i | this occupation (month and | spent in this | | |
| (State or country) 13. NAME ON | 1 | rloot and | Other Contributory Causes of importance: | |
| What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury. (Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Date of Injury. Nature of Injury. 19. UNDERTAKER (Address) Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Manner of Injury. Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. I. Registrar. (Address) Mattest confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurr? Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurr? Specify whether injury occurr? Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurr? Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify city or town, country and State) S | | a villated | | |
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| 17. INFORMANT (Address) 18. BURIAL, CREMANION Place OF OR OR | (State or country) | 1 Wife 11 1 | | |
| 17. INFORMANT (Address) 18. BURIAL, CREMANION Place OF OR OR | 15. MAIDEN NAME & LIS | eibort. | 23. If death was due to external causes (VIOL ENCE) fill In also | the following: |
| 17. INFORMANT (Address) 18. BURIAL, CREMANION Place OF OR OR | O 16. BIRTHPLACE (city or town) | examony | Accident, suicide, or homicide? Date of | Injury 19 |
| 17. INFORMANT 17.5 10000 1000 1000 1000 1000 1000 1000 1 | (State or country) | | | 16 |
| 18. BURIAL, CREMASION OR SEMOVAL Place Of Act ILES Company Detection of Company Detection Detection of Company Detection of Company Detection Detection of Company Detection Detection of Company Detection Detection Detec | 17, INFORMANT MYS 9/19910 | DOGGYL: | | |
| Place of Les Driefles 67, 1931. 19. UNDERTAKER (Address) 20. FILED 19, 5, 19.3 l. Narvey Moderate (Address) Registrar. Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Address) (Address) (Address) | | ST, (114,0 | ••••••••••••••••••••••••••••••••••••••• | |
| 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address) | STP TRACTON | N- New LINE | | |
| 20. FILED TO S. 19.31. Nave A Constant (Address) Constant The M. I. | Place III WILLIES | 14 | 1 1 | |
| 20. FILED Jug. 5, 19.31. Have Husis (Signed) Shable M. I. (Address) Leccol floor M. I. | | Lery 19m | FT 14 | deceased? |
| 20. FILED THE CANDES SECURITION TO SECURITIO | (Address) | Berraug / IIg | LHUAT IV No |) >== |
| | 20. FILED Jug. 5, 19.31. NO | Wey N. Wes | A Store | w med |
| If more blanks und needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | If more | 1 | | |

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| E | xample I | - | Example II | |
|---|---|---------------|--|---------------|
| The principal cause of death and related causes Date of on of importance were as follows: | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | . OFP 5 102 | 1915 | Attack of epilepsy | 1 week ogo |
| Chronic interstitial nephritis | 961 0 1001 | 1921 | Run over by street car | 1 week ogo |
| Cerebral hemorrhage | BUDGAU V | July 5, 1927 | Peritonitis | 3 days ago |
| | Separation of the Property State Spring Community | 11 | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gollstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL. | SDACE | FOR | PHRTHER | STATEMENTS | DV | PHYSICI | A N |
|-------------|-------|-----|---------|------------|----|----------|-------------------|
| ADDITIONAL | SPACE | run | PURIHER | STATEMENTS | DI | PHISICIA | $\Lambda \perp N$ |

| PLACE OF TEATH CORPORTION CORPORT | ORATE LIMITS STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| Village or Civil Muland (No. 1300) 2FULL NAME Frances Virgini | Registration Dist. No. Olive Australia (If death occurred in a hospital or institution, give Ita NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Temale White Single, MARRIED WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH (19 3/- 193/ (Month) (Day) (Year) |
| 6 DATE OF BIRTH April 15, 1930 (Month) (Day) (Year) | that I last saw h Walive on Cur 9 3/ , 138/, |
| 7 AGE If LESS than I day hrs. ds. or min.? | and that death occurred on the date stated above, at |
| (a) Trade, profession or particular kind of work | Motera Manuelle |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. mos 2 O.ds. |
| (State or country) umberland Md 10 NAME OF FATHER F P | Secondary Durstion)ds. (Signed) |
| 11 BIRTHPLACE OF FATHER (State or country) State or country) OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| 12 MAIDEN NAME NOLA TLISONEN 13 BIRTHPLACE | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | At place of death |
| (Informant) E. P. Sharon | Former or usual residence. Description of the property of the |
| (Address) 300 Chu are Cup 15 Filed 193 (Yawe H. Weise Registra) | Great Cacapon WV Sept 2 1931 20 INDERTAKER ADDRESS ADDRESS Ombellard Me |
| If more blanks are needed, addre. s State Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmon (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosginal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of death Letanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJULY Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular heart Nomenclature of the Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

state

pluods

PHYSICIANS

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH THIN CORPORATE County... Registration Dist. No. __St.,_ Village or City (If death occurred in a hospital or institution, goe its NAME, instead of street and number) Langth of residence in pity town where death occurred. ___ ds-How long in U.S. if of foreign birth? vrs. mos. statement (a) Residence: No. St., (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH (Day) (Year) 5a. If merried, widowed, or divorced **HUSBAND** of 22. IHE That I ettended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Days to have occurred on the date stated above I day, __hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular NOI kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, nooo SAW MILL, BANK, etc 10. Date deceased lest worked at 11. Total tima (years) this occupation (month and spant In this occupation __ Other Contributory Canses of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was thara an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to axternal ceuses (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, (Address) 18. BURIAL, CREMATION Manner of Injury Nature of Injury 24. Was disease of injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Perilonitis | 3 days ago |
| 1 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 2 |

BINDING

MARGIN RESERVED FOR

V. S. No. 1

| PLACE OF DEATH | 09094 STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| County Many | Registration Dist. No. |
| Village or City Bury (No | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED, MUNICIPAL WILDOWED. OR-DIVORCED (Write the word) | 16 DATE OF DEATH Aug 12, 1931 (Month) (Day) (Year) |
| 6 DATE OF BIRTH November 18 , 1883. (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from Word hum 75 1981. to Aug 12 , 1981. that I last saw him alive on Aug. 12 , 1981. |
| 7 AGE If LESS than day hrs. or min.? | and that death occurred on the date stated above, at 8 pm, The CAUSE OF DEATH * was as follows: Tyung Heart diseum |
| (a) Trade, profession or local hiner | |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) 5 yrs mos de. |
| 9 BIRTHPLACE (State or country) Bustin Ind | Contributory Secondary (Durstion) yrs. raos. 65 ds. |
| 10 NAME OF FATHER Maylin Suyder | (Signed) A. Bouche M. D. |
| OF FATHER (State or country) | *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Charlotte Green | 18 LUNGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place all his lift in the of death yrs mos de. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) Mrs Claud Duyde | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Bartin | Laurel Hell any 18, 1931 |
| Filed aug 14 1921/ Let Ellellane Registras | 20 UNDERTAKER ADDRESS Barton hick |
| if more banks are needed, address State Kegistra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public ... Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Oceupation-Precise statement of oebusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," ete., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, g. ged in domestie service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed. definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day Stationary fireman, etc. person, irrespective of But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal Jeher (the only definite synonym is "Epidemic eerebrospinal meninguis"); Diphtheria (avoid use of "Croup"); 'Applicid Jewer (never report "Typhoid Pneumonia"); 'Ebbar preumonia, Bronchopneumonia ("Pneumonia,"

> "(Exhaustion," "Heart failure, manufacture, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and eonsequences (e. g., sepsis, diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State eause for which surgical operation was underean be ascertained as the cause. Always qualify all American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Caneer" is less definite; avoid or intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Registrar.

BINDING RESERVED ARGIN STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Yeer) DEATH end releted causes of Importance 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Oete of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 24. Was disease or injury in any way releted to occupetion of deceased (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------------------------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUDEAU V. | 1 | | |
| Other contributory causes of importance: | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09096 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institu-tion, give its NAME is-stend of street and number.)

| MEDICAL | CERTIFICAT | E OF DEATH | н |
|--|--|---|----------------------------|
| 16 DATE OF DEATH | Cuy | 30 | , 192 |
| | (Month) | | |
| THEREDI CE | | _ | |
| that I last saw JUT & | the on a | us 30 | , 192/ |
| and that death occurred The CAUSE OF DEATH | on the date sta was as follows | atcd above, at! | m |
| Conquital | helow I bec | eput | 3 |
| | (Duration) | | .mosds. |
| Contributory | a popura 8 ara a a a u v v v a a a a a a a a a a a a | *************************************** | |
| (Signed) m. Xn | Duration) | ett | M. D |
| 9/1 13/ (| Address) mu | Slaus | hus |
| | se Causing Dec | ath, or, in o | leaths from (2) Whether |

BURIAL OR REMOVAL DATE OF BURIAL

In the

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of pertificate. ORD. Every item of infor--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT IS ARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | (23) |
| County allegan | Registration Dist. No. |
| Village or City Constant William Co | No Way Stock Santonnest. Ward |
| (IF | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrsmos | ds. Yow long in U.S. If of foralgn birth?ds. |
| 2. FULL NAME Chabeth Yayl | al |
| (a) Residence: No. (311 Rulas Iti) | St., 3 Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| SEX 4. COLOR OR RACE 5. SWGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| ON DIVORCED (writesthe word) | August 2/2 1931 |
| 5a. If marriad, widowad, or divorced | (Month) (Dey) (Year) |
| HUSBAND of (or) WIFE of | 22. / I HEREBY CERTIFY That I attended daceased from |
| Q 1012 | 19 19 19 10 / July 19 31 |
| 6. DATE OF BIRTH (month, day, and year) march 2-1913 | I lest sawh alive on fig. 198 , death is said |
| 7. AGE Years Months Days If LESS than 1 dayhrs. | to have occurred on the date steted above, at |
| 18 5 V3 ormin. | Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importanca ware as follows: Data of onset |
| 8. Trade, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. | |
| 9. Industry or business in which | / almore surveiled March |
| work wes done, es SILK MILL, SAW MILL, BANK, atc | 1734 |
| 10. Date deceesed last worked at this occupation (month and spent in this | |
| yaar) occupation | Other Cantributary Causes of Importance: |
| 12. BIRTHPLACE (city or town) Mary Carel | |
| (State or country) | 11000 |
| 13. NAME Illiam Farbler 14. BIRTHPLACE (city or town) | |
| 4 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN MARE thering Barbett | 23H-death was due to external causes (VIOL ENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) ary land | Accident, suicide, or homicida? |
| (State or country) | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT LU Saylow of Pa | Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL DREMATION OR REMOVAL | |
| Helest Dan Comp Date Pero 3 9, 19 3.1 | Mannar of Injury |
| de la grande de la | |
| 19. UNOERTAKER (Addrass) | 24. Was disaase or Injury In any way related to occupation of decaased? |
| 0. 28 31 120 | (Signed) Share J. Sam Ja, M.D. |
| 20. FILES PLANT 19 VI A CONTROL Registrar. | R (Address) 126 Britain H |
| | 2217 N Charles Street Baltimore Pagneting TI S No. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | new programming and programming and particles | | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of death and relation of importance were as follows: | ed causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 5 1931 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | -200 | July 5,1927 | Peritonitis | 3 days ago |
| BURE | AU V. | 3. | | |
| | t. | | | |
| Other contributory causes of important | ce: | | Other contributory causes of importance: | 100 |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | • | |
| | | | | |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

PHYSICIANS should state Exact statement of OCCUPA. ORD. Every item of infor-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT IS mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. Mo. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 09098 |
|---|--|
| 1. PLACE OF DEATH | (\$) |
| County () See A A A A | Registration Dist. No. |
| Village or City Company City | No. St., Ward death oppured in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME. | Coror Teppen |
| (a) Residence: No. O Delen Sun | /sx/ Ward |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MÉDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH |
| 5a. tf merried, wldowed, or divorced HUSBAND of | |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I ettended deceased from |
| 0 12 162 | t lest saw h dive on 19 death is said |
| 6. DATE OF BIRTH (month, day, and yeer) - 5 - 95 - 7. AGE Years Months Days (LESS than | t lest saw h |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and releted causes of Importance |
| 8. Trede, profession, or particular | were es follows: |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| | |
| 10. Date deceased lest worked at this occupation (month and year) | |
| year) besupation | Other Coatribatory Causes of importance: |
| 12. BIRTHPLACE (city or town) | |
| | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? |
| 15. MAIDEN NAME Symman Carbende Kon | 23. If death was due to externel causes (VIOLENCE) fill in else the following: |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State by country) | /Accident, suicide, or homicide? Date of injury19 |
| (State pr country) | Where did injury occur? |
| 17. INFORMANT AND ALL MAN AND AND AND AND AND AND AND AND AND A | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| PlaceDete | Nature of injury. |
| 19. UNDERTAKER | 24. Was disease er injury in any way related to occupetion of deceased? |
| (Address) | If so, specify |
| 20. FILED 15, 1931 DM. OM Lang Sol. Registrar. | (Signed) M. D. (Address) M. D. |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Exa | mple T | | Example II | |
|---|--------------------|---------------|--|---------------|
| The principal cause of death of importance were as follow | and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | SEP 4 193 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Corebral hemorrhage | I DITHEAU | July 5,1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory causes o | f importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | L |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

ORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 09039 |
|--|--|
| County County | Registration Dist. No. |
| Village or City Clatoury - | No. St., Ward |
| Length of residence irreity or town where death occurred 14 yrs | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S.If of foreign birth? |
| 2. FULL NAME adie Collen Te | ter |
| (a) Residence: No. Wlatorin Rodd | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OF RACE ON DIVORCED (with the word) Temale White Single, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. 11 married, widoward divorced HUSBAND of (or) WHEE of | 22. HEREBY CERTIFY hat I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) May 1840 7. AGE Years Months ays If LESS than I day,hrs. | I jest saw h. S. alive on |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Awyer, BOOKKEEPER, etc. | Date of onset |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| this occupation (month and spant in this occupation was year) | Other Contributory Causes of importance: |
| 12. BERTHPLACE (city or town). Mest bugues (State or countys) | ateels Bluetas |
| 13. NAME Joseph hearth | |
| 13. NAME Joseph hearthy 14. BIRTHPLACE (city or town) (State or country) Out Know | Name of operation Date of What test confirmed diagnosis? Was there an aulopsy? |
| 15. MAIDEN NAME Natherine anduron | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 15. MAIDEN NAME Natherine anduson 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT 3 Kg Heter md | Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OF REMOVAL Place Cold Comments Made Aug 30, 1931 | Manner of injury |
| 19. UNDERTAKER 9. 0. 13 with the Canada Tarabase Communication of the Co | 24. Was disease or injury In any way related to occupation of deceased If so, specify |
| 20. FILED \$ 27/31 , 19 lance a. Marcholy Registrar. 3 | (Signed) Delle auch, Seeds. M. D. (Address) Develoland Med. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritise | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

| PLACE OF DEATH County Allegany | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|---|
| | Registration Diat. No. |
| Village or City Fronthuce (Ng. 27 Bo | St.: Ward) (If death occurred in a hospitel or institution, give its NAME Insteed of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED, Swipowed. Male White White Wildwed. OR DIVORCED (Write the word) | 16 DATE OF DEATH Que 28, 18 / |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (1 hr 30 . 1906 | 1119 2 10 Mig 28 , 152 1, |
| (Month) (Day) (Year) | that I lest saw hamalive on any 18 , 1961, |
| 7 AGE | |
| 25 yrs. 3 mos. 2 y da or min.? | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or Twe Cuorfee | Sportaneous Prezimothorax |
| (b) General nature of industry business, or establishment in | (Durstion) yrs mos //2 ds. |
| 9 BIRTHPLACE (State or country on sconing Md | Contributory Secondary (Durstion) yrs |
| 10 NAME OF The Pullian & Formas | (Signed) M. D. (Signed) M. D. (Address) Total Man |
| OF FATHER (State or country) (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Minnie Kutcheron | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Ronaconing md. | At place of death yrs mos ds. In the State yrs mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| as Sen Thomas | Former or usual residence |
| (Address) Bowers of Fronthunging | Allegany Cem any Bo, 19/ |
| Filed /29 3/ 5/00 Cane Significant | 20 UNDERTAKER ADDRESS Hastburg |
| If more blanks are needed, address State Registre | 17. 16 W. Seratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material As examples: (a)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetantus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ARGIN RESERVED FOR BINDING

V. S. No. 1

| 1 | PLACE O | | | | | | ATE LIMITS (19 | Registration Dist. Np. | 4 |
|--------|---|--|-------------------------|--------------|----------|--|-----------------------------------|---|-------------------|
| | Village or (| city C1 | umberla | | | | f death occurred in a hospital or | Al Hospital St., r institution, give its NAME instead of street a | ind number) |
| , | Length of res | | | death occurr | | yrs,mc | s as. How long in U | .S. if of foreign birth?yrs | mos ds |
| | (a) Resider | | TORIAC | CONINC | M | D of abode) | - Str. West. | Zonaco | and State |
| | | IAL AN | D STATIS | TICAL P | ART | ICULARS | MEDICA | L CERTIFICATE OF DEAT | 1 |
| - | MALE | | R OR RACE | OR DI | VORCE | RRIED, WIDOWED, D (write the word) GLE | 21. DATE OF DEA | AUGUST 14 (Month) (Day) | , 193 1 (Year) |
| 5a. | If married, widov HUSBAND of (or) WIFE of | ved, or divo | rced | | | | 22. I HERI | EBY CERTIFY, That I atten | ded deceased from |
| 6. 1 | DATE OF BIRTH | (month, day | , and year | ma. | 13 | ~1930 | I last saw haliva | 0 | -, 12 |
| 7. / | NGE Yea | | Months | 000 | lys L | If LESS than 1 day,hrs ormin. | | te stated above, atm F DEATH and related causes of importance | Date of onse |
| PATION | 9. Industry or | work done, , BOOKKEE business in | as SPINNER, PER, etc | | | | Chron | 4 9 les Ellet | Rag |
| BECK | 10. Date deceas | | ked at nth end | 11. | spa | time (years) ent in this upation | - | | 17 |
| 12. | BIRTHPLACE (ci | ty or town) | Mc | arylar | - | | Other Coatribatory Caases | of importence: | aug |
| 2 | 13. NAME | | EDGAR J | PREMIIN | A. | | yourn | | 1-3 |
| FATHER | 14. BIRTHPLACE | | | | | | | Dete | |
| HER | 15. MAIDEN NA | ME | NELLIE | E BEEN | IAN | F-17- | | rnal causes (VIOLENCE) fill in also the follo | |
| MOTH | 16. BIRTHPLACI | (city or to | wn)MAR | YLAND. | | | Accident, suicide, or homici | ide? Date of Injury | |
| | INFORMANT (Address) | MEM | ORIAL E | | | | Specify whether injury occur? | (Specify city or town, county and urred in INDUSTRY, in HOME, or in PUBLIC | State) PLACE |
| 18. | BURIAL, CREMA | | | md: | 15 | 9.16,193 | | | |
| 19. | UNDERTAKER (Address) | m. | Perc | Lho | ~ | d ma | 24. Was disease or injury in | eny way related to occupation of deceased | ? |
| 2D. | FILEDUNG | .15 | 1931 X | ine | 4 | H.Wers Registrar. | (Signed)(Address) | y & Dwer | M. |

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.-Cause of death means the disease, injury, or complication which causes death, not the . mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V.S | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-WITHIN CORPORATE LIMITS 1. PLACE OF DEATH County alle 9 ce Registration Dist. No. No. 1314 Diagno a Constitution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred ds. How long in U.S. if of foreign birth? yrs. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO. 21. DATE OF DEAT OR DIVORCED (write the word) (Day) BINDING 5a. If married, widowed, or divorced HUSBANO of TIEY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Month If LESS than Oavs 1 day ... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trado, profession, or particular kind of work done, as SPINNER, Jo RESERVED SAWYER, BOOKKEEPER, etc. .. may should 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and that occupation . Other Contributory Causes of Importance 98 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the Jollowing important Accident, suicide, or homicide? Oate of injury DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?____ be (Specify city or town, county and State) Specily whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. should OF (Address) 18. BURIAL CREMATION Manner of injury CAUSE mation NOLL Nature of Injury 24. Was disease of (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | | |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 09103 |
|---|--|
| 1. PLACE OF DEATH | |
| 1. 111 | AIN CORPORATE LIMITS (3) Registration Dist. No. |
| County Clegary WITH | Registration Dist. No. |
| Village or City Grandperlahed | No. St., Ward |
| Length of residence in city or town where death occurred yrsmo | death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth? |
| · 1 + : 0000 | lwigo |
| 2. FULL NAME | |
| (a) Residence: No. Williams (Usual place of abode) | Stb-7 Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDDWED, | 21. DATE OF DEATH |
| while ODIVORCED (The the word) | 119 |
| ia. If merried, widowed, or divorced | (Month (Dey) (Year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| (Per 2/1921 | Stillbom 10 3 1 190 |
| 5. DATE OF BIRTH (month, day, and year) | I last saw h sirren ; death Is said |
| AGE Years Months Days If LESS than 1 dey, hrs. | to have occurred on the date stated above, at |
| ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. | 1 Lerly |
| | plematin |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | A |
| 1D. Date deceased last worked et 11. Total time (years) | |
| this occupation (month and wyear) spent in this occupation | |
| 2. BIRTHPLACE (city or town) Commenced Trid | Other Contributory Canses of Importence: |
| (State or country) | |
| 13. NAME Sugh Sevelle | |
| 14 PIDTURIAGE COMMENTER PRINTERS | Name of operation |
| (State or country) | Whet test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME) rettuding 5 | 23. If death was due to external causes (VIDLENCE) fill in also the following: |
| 16 Bernhaldtul | Accident, suicide, or homicide? Dete of Injury 19 |
| 16. BIRTHPLACE (city or town) (State or country) | Where did injury occur? |
| Itish / Colerable | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. |
| (Address) Cumberland, Md. | WO |
| 8. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Plac Tremmont love Date Clug 3-1931 | Nature of injury |
| Toni Stan Mars | 24. Was disease or injury in any way related to occupation of deceased? |
| 19. UNDERTAKER (Address) | If so, specify |
| Due 2 2 2 House Hiller | (Signed) MZBQWWM, D. |
| 20. FILEO Y C. 3., 192 14 P WY CY Registrar. | (Address) 133 Va au |

If more blanks are peeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Æ | xample I | | Example II | | |
|--|----------------------------|---------------|--|---------------|--|
| The principal cause of dea of importance were as follows: | th and related causes ows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | SEP 5 1931 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BUREAU V. | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | | |
| Other contributory causes | of importance: | 1 | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT I CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED WRITE PLAINLY, WITH

N. B.

| 1. PLACE OF DEATH County. Village or City. NEAD County. WITHIN CORPORATE LIMITS BY SI, Ward. If death occurred in knowled an initially, give in NAME intended discrete and number) All How feel in U. 3. of foreign birth? (a) Residence: No. 6. 0. (Chalplace of abodo PERSONAL AND STATISTICAL PARTICULARS 3. SEX COLOR OR RACE. S. SINCIE, MARRED, WIDOWED OR DIVORCED (wire fix word) So. II married, widowed, or divorced (cr) Wiffe of Cor) Wiffe of E. DATE OF BIRTH (month, day, and year) F. DATE OF BIRTH (month, day, and year) I saturable preferation, or particular SAW MULL, BARK, sic. J. Indistrict to be obtained in which saw with the same of portation with the same of the date stated above, at the same of the same of the same stated above, at the same of the same of the same stated above, at the same of the same stated above, at the same of the same of the same of the same stated above, at the same stated above, at th | STATE OF MARYLAND— | CERTIFICATE OF DEATH 09104 |
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| Village of City. No. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19 | 1. PLACE OF DEATH | INDITS (19) |
| Village of City. Village of City of City. Village of City. Vill | / County allegons | ORPORATE LINIT Registration Dist. No. |
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| 2. FULL NAME (a) Residence; No. 6 (Malplace of shode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX | (H | death occurred in a hospita or institution, give its NAME instead of street and number) |
| (da) Residence: No. 19 (Maniples of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE. OR DIVORCED (write the word) 5. If married, widowed, or divorced (month), day, and year) (Year) 6. DATE OF BIRTH (month, day, and year) (Year) 7. ACE Years Membre 1. LESS than 1. Last saw h | Length of residence in city or town where death occurred wrs mos | ds. How long in U.S. of foreign birth?yrsmosds. |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) 56. If married, widowed, or divorced HUSANO OR DEATH HUSANO OR DIVORCED (write the word) 58. If are ried, widowed, or divorced HUSANO or divorced HUSANO OR DEATH | 2. FULL NAME | en Vorhela |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCE (wire be word) OR DIVORCE (wire be word) OR DIVORCE (wire be word) 5. If married, widowed, or divorced HUSSANO of (cv) wife of 8. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Vears Months Days If LESS than I day, | | |
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| 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 17. INFORMANT (Address) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) (Signed) (Address) (Address) (Address) | 16 RIPTHPI ACE (city or town) | Accident, suicide, or homicide? Oate of Injury19 |
| 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNOERTAKER (Address) 20. FILED 19. 31. Harvey 19. UNGERTAKER (Address) 20. FILED 19. 31. Harvey 19. (Address) 20. FILED 19. (Address) 20. (Address) 20. (Address) 21. (Address) 22. (Address) (Address) (Address) (Address) (Address) | (State or country) | Where did Injury occur? |
| 18. BURIAL, CREMATION, OR REMOVAL Place | Samuel Vorber | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY. In HOME, or In PUBLIC PLACE. |
| Place Jeannach Mature of injury 19. UNDERTAKER 19.21 Nature of injury in any way related to occupation of deceased? 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) Or Dumm M. D. Registrar. (Address) (Address) Campbelling M. D. | A | |
| 19. UNDERTAKER to the Startes of Injury in any way related to occupation of deceased? 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) (Address) (Address) | | Manner of injury |
| (Address) 20. FILED Lept. 1, 19.31. Harvey H. We's (Signed). (Signed). (Address). (Address). (Address). (Address). | Place Jeanour mate 271 , 19.3(| Nature of injury |
| 20. FILED Sept. 1, 19.31. Harvey H. We's (Signed). (Signed). (Address). Cumphend was | | |
| | 20. FILED Sept. 1, 1931. Harry H. Weis | (Signed) Or h Dunn M. D |
| | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | | | |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | \$ | | | |

| ADDITIONAL S | SPACE I | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|---------|-----|---------|------------|----|-----------|
| | | | | | | |

| STATE OF | MARYL | AND- | CERTIF | ICATE | OF | DEATH |
|----------|-------|------|--------|-------|----|-------|
|----------|-------|------|--------|-------|----|-------|

| 1. PLACE OF DEATH | O9105 |
|---|--|
| County alleguns | PORATE LIMITS (2) Registration Dist. No. |
| Village or City Control of WITHIN COP | No. 310 Park F St., 5 Ward |
| / (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos. | |
| 2. FULL NAME anna Jour a Wilson | |
| (a) Residence: No. 310 Park | St., 5 Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If sourcesident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| terral topile married | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That I attended deceased from |
| (or) WIFE of blay Wilson | any & 1931 to any 9 1931 |
| 6. DATE OF BIRTH (month, day, and year) Acres 2 1845 | i last saw har alive on ang 9 1,1931; death is sald |
| 7. AGE Years Months Days If LESS than | to heve occurred on the date stated ebove, at |
| 5~6 7 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: |
| 8. Trade, profession, or perticular kind of work done, es SPINNER, | Date of onset |
| SAWYER, BOOKKEEPER, etc. | Celvetral Necessary aug 8 |
| or Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc | 19/31 |
| Date deceased lest worked at 11. Total time (years) | |
| this occupation (month and spent in this occupation coupation | |
| 12. BIRTHPLACE (city or town) Themberland and | Other Contributory Causes of importance: |
| (State or country) 2nd | Chracia Porcyhlo Disens 1929 |
| 13. NAME Repton mulellish | |
| 14. BIRTHPLACE (city or towohers lamberland | Name of operation |
| (Stete or country) mayland | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Mary Susan Willow | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) near bankers and | Accident, suicide, or homicide? |
| (State or country) musyland | Where did injury occur? (Specify city or lows, county and State) |
| 17. INFORMANT lelay melows | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| (Address) 3166 ask ft 6 below be | k |
| Place Rose till Could Date Que 11 1931 | Manner of Injury |
| | Nature of Injury |
| 19. UNDERTAKEN | 24. Was disease or injury in any way related to occupation of deceased? |
| (numos) | (Signed) That I for a M.D. |
| 20. FILEDIANA. IV., 1921. Navey H. Wlistar. | (Address) Cucut I went, Med |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

V. S. No. 1

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I ED | - | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis SFP 3 1931 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 B ż

| the state of the s | / | OF | | | CERTIFICATE OF DEATH 09106 |
|--|---|-------|----------|-------------------------------|---|
| | 1. PLACE OF DEATH | | | | PORATE LIMITS (31) Registration Dist. No. 4 |
| / | / County Allegany, | | | THIN-COR | PORATE C |
| / | Village or City Cumberla | nd. | Md. AA | | Wo. Inchior rat 1103proat St. 67 Ward |
| | Length of residence in city or town when | death | occurred | (II) mosmos | death occurred in a hospital or institution, give its NAME instead of street and number) 4 ls How long in U. S. If of foreign birth? yrs. mos. ds. |
| | 2. FULL NAME Mr. Lu | | | | |
| | (a) Residence: No. Swan | | | | St., Ward. Swanton Md. If nonresident give city or town and State |
| | PERSONAL AND STATIS | ΓICA | L PARTIC | ULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. | SEX 4. COLOR OR RACE | | | IED, WIDOWED, | 21. DATE OF DEATH |
| _ | Malw White | | Marri | (write the word) | August 8 , 193 1 (Month) (Day) (Year) |
| 5a | . If married, widowed, or divorced HUSBAND of | | | | 22() I HEREBY CERTIFY, That I attended deceased from |
| | (or) WIFE of Jospehin | e F | hoades | , | Juns - 79, 1931 to aug - 8, 1931 |
| 6. | DATE OF BIRTH (month, day, and year) | 1 | andral 8 | 378 | 1 Ost saw h . win alive on Oug - 8 01931; death is said |
| | AGE Years Months | uga | Days | If LESS than | to have occurred on the date stated obove, a 9: 15 RnM. |
| 1 | 53 | | | 1 day,hrs. ormln. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| N | 8. Trade, profession, or particular | lu: | | | Date of onset |
| E | kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. | E | larmer, | | Chronic Naphrile |
| UB | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | | | | <u>J</u> |
| 900 | 10. Date deceased last worked et this occupation (month and year) | | | e (years) in this ation | |
| | PIPTIOI - OT C | | | | Other Contributory Causes of importence: |
| 12 | (State or country) West | VII | ginia, | | L'eft maxillon tecencilis |
| ER | 13. NAME John Lloy | d V | Vinters | | Hypertuseon - |
| FATHER | 14 BIRTHPLACE (city or town) | | Virgin | | Name of operation Chance Chalocypholits |
| ER | 15. MAIDEN NAME Madalen | e S | snyder. | | What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| MOTHER | 16 BIDTHDI ACE (sity or town) | | irginia | | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT Memorial Hospital, (Address) Cumberland, Md. | | | | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18 | BURIAL, CREMATION, OR REMOVAL NO. BURIAL Place Wanton Md. | D | | 11.1931 | Manner of injury |
| 19 | undertaker John Wo (Addiess) Cumber | | | | 24. Was disease or injury in any way related to occupation of deceased? |
| 20 | FILED 19. 10, 19. 31. N | W | wey) | HUlis Registrar. | (Signed) MULLING M. D. (Address) 122 So Cults ST |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| E | xample I | • | Example II | | | |
|--|-----------------------------|---------------|--|---------------|--|--|
| The principal cause of dea of importance were as foll | ath and related causes ows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis | SEP 5 | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | - PARESTAL VI | July 5,1927 | Peritonitis | 3 days ago | | |
| | *2 | 1 | | | | |
| | - | | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is vo

ARGIN RESERVED FOR BINDING

V. S. Mo. 1

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH USING |
|--|---|
| 1. PLACE OF DEATH | |
| County Village or City Type Of G | Registration Dist/No. |
| Village or City System G | 1 81. No. 1 Asulra/ Sosheral St., Ward |
| | If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How tong in U.S. if of fareign birth?, yrs. mos. ds. |
| ++ | nox Wright. |
| 2. FULL NAME | |
| (a) Residence: No. (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vortice the word) | 21. DATE OF DEATH |
| ten () | (Month) (Oay) (Year) |
| 5a. tf married, widowed, or divorced HUSBANO ot | |
| (or) WIFE of | 22. I HEREBY CERTIFY, Thet I attended deceased from |
| 6. DATE OF BIRTH (month, day, and yeer) | I last saw hanve,on |
| 7. AGE Years Months Days tf LESS than | to have occurred on the satasstated above, et |
| 1 dey, hrs | mere as follows: |
| 8. Trade profession or particular | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | 4/ |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Jan A |
| 10. Oate deceased last worked et 11. Total time (years) | |
| this occupation (month and year) spent in this occupation | A X // |
| 12. BIRTHPLACE (city or town) FUSIVIVI ON | Other Contributory Causes of Importance: |
| (State ar country) | ., / |
| 13. NAME CRIMENTA CONSULT | |
| 14. BIRTHPLACE (city or town) | Neme of operation Date of |
| (State of Country) | What test confirmed diagnosis? Wes there an autopsy? |
| 15. MAIDEN NAME CHARGE | 23. If death was due to externat causes (VtOL ENCE) fill in alse the following: |
| 15. MAIDEN NAME CONTROL OF TOWN) 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date af injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT AND AGE OF THE PROPERTY OF THE P | Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE. |
| (Addréss) 18. BURIAL, CREMATION, OR REMOVAL | Menner of Injury |
| PlaceOate19 | - Nature of injury |
| | 24. Wes disease or injury in any way plated to occupation of decessed? |
| 19. UNDERTAKER (Address) | If so, specify |
| 20 EUED /15 1031 - NAOM Limon | (Signed) M. D. M. D. M. D. M. D. |
| 20. FILED 1997 Registrar. | (Address) AND ANTINE |
| If more blanks are needed, address State Registra | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | | | Example II | | |
|--|-------------------|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | CARTES VILLETT TO | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | A 3 1 | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes o | f importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |

| ADDITIONAL SPA | CE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|--------|---------|------------|----|-----------|
|----------------|--------|---------|------------|----|-----------|

PHYSICIANS should state

Exact statement of OCCUPA-

FOR BINDING ARGIN RESERVED

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated ENACTIMY. CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. AGE should be V. S. No. ż

See instructions on back of certificate.

TION is very important.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 191 | 08 |
|--|---|---|
| 1. PLACE OF DEATH | CORPORATE LIMITS 958 Registration Dist. No. | |
| County Allegany | ORPORATE Registration Dist. No. | 4 |
| Village or City | No. 233 No. 222 St., | / Ward |
| Length of residence in city or town where death occurredyrs,mos. | death occurred in a hospital or institution, give its NAME instead of street and a ds. How long in U.S. if of foreign birth?yrs | |
| 2. FULL NAME Gram Quinks | | |
| (a) Residence: No. 2-33 Blankl | St., Ward. | |
| (Usual place of abode) | If nonresident give city or town and | State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. STIGLE, MARRIED, WIDOWED, ORDIVORCHO (revite the yord) | 21. DATE OF DEATHY TOTAL TOTAL Day) | 193 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY. That I attended a | ceased from |
| 6. DATE OF BIRTH (month, day, and year) CA 12,1860 7. AGE Years Months Oays ILLESS than | I last saw h alive on | death is said |
| 71 9 75 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | 1 Date of enset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which | Organis Hert Disens | 7 |
| work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and | Dies Luddudy | ga |
| this occupation (month and spent in this year) occupation | | - fr |
| 12. BIRTHPLACE (city or town) Sal. (State or country) | Other Contributory Causes of importance: | |
| 13. NAME from Montybacker 14. BIRTHFACE (city or town) Bername | | |
| 14. BIRTHRACE (city or town) | Name of operation | |
| (State of Country) | Whet test confirmed diagnosis? Was there an a | elopsy? |
| 15. MAIDEN NAME Sharp Could be 16. BIRTHPLACE (city or town) | 23. If deeth was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? | |
| (State or country) 17. INFORMANT Surpling (Address) | Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/ | a) \CE. |
| 18. BURIAL, CREMATION OR REMOVAL PIECE T THE STATE OF DATE OF 10, 1981 | Manner of injury | |
| 19. UNDERTAKER Imio Stem 19ng MA | Nature of injury. 24. Wes disease or injury in any way elated to occupation of deceased? | |
| 20. FILEDANG. D., 19.31. Harvey His end Registrar. | (Signed) (Address) Carrette fuel and | /м. D. |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | 7.0000000000000000000000000000000000000 |

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| Example I | | | Example II | | |
|--|-----------------------------|---------------|--|---------------|--|
| The principal cause of dea of importance were as foll | ath and related causes ows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | orn 5 1931 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | | 1921 | Run over by street ear | 1 week ago | |
| Cerebral hemorrhage | 3112.7.411 V | July 5,1927 | Peritonitis | 3 days ago | |
| | | 3 | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| ADDITIONAL SPACE FOR FI | URTHER | STATEMENTS | $\mathbf{B}\mathbf{Y}$ | PHYSICIAN |
|-------------------------|--------|------------|------------------------|-----------|
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inforplnods item PHYSICIANS statement Exact PERMANENT BINDING classified 1 E properly FOR stated IS UNFADING INK-THIS ARGIN RESERVED be may plnous AGE that 08 supplied terms, ain should be carefully 7 DEATH OF -WRITE

STATE OF MARYLAND—CERTIFICATE OF state OCCUPA 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U. S. if of foreign birtb?_____yrs.____mos. Length of residence in city or town whore death occurred .mos.____ds. 2. FULL NAME (a) Residence: No. / If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 193 (Month (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. IHEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the date stated above, at ______m 1 day, ... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance _min. were as follows Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ back 9. Industry or business in which CCUPA work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked at 11. Total time (years) no this occupation (month and occupation . year) ___. instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or tow (State or country) FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?. Was there en autopsy?_____ MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?_____ Date of injury_____ 16. BIRTHPLACE (city or town (State or country Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation Nature of Injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---------------|--|---------------|
| Arteriosclerosis | 1015 | | |
| Thronis interestitial manhattin | 1010 | Attack of cyclepsy | 1 week ago |
| Chronic interstitial nephritis Section 1987 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis. | 3 days ago |
| BUREAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
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| ADDITIONAL S | SPACE F | R FURTHER | STATEMENTS | BY | PHYSICIAN |
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